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### **Rural Australians missing out on \$6.5 billion annually in health care access while coffers fill up with rural contributions**

Startling new evidence shows that each person in rural Australia is missing out on nearly \$850 a year of healthcare access, which equates to a total annual rural health spending deficit of \$6.5 billion.

This is money that could have allowed Australians living rurally to access health and medical services where they live.

The latest data, revealed in an independent Nous Group report commissioned by the National Rural Health Alliance (the Alliance), reflects the urgency for an overarching National Rural Health Strategy to bring scattered rural health initiatives under one umbrella.

“The report looks at health spending from a patient’s perspective, reflecting the alarming day-to-day realities for rural Australians unable to access equitable care,” said Alliance Chief Executive Susi Tegen.

“Over 7 million people, who make up nearly a third of Australia’s population, experience a greater burden from illness and early death, in part due to inadequate funding for their health care. This is despite the significant contribution they make to Australia’s economy,” she said.

Resources and rural industries alone generate around 80 per cent of Australia’s exports, excluding the extra contribution of rural-based services and manufacturing. The value of agriculture, fisheries and forestry exports is \$76 billion, while commodities exports are worth \$497 billion – a collective value to the nation of over \$500 billion, courtesy of rural Australia.

More than 90 per cent of fresh food sold in Australia is produced rurally. In addition, nearly half of the nation’s tourism income is from rural Australia and over half a million people are directly employed in rural tourism-related industries.

Rural people experience a triple health disadvantage: poorer circumstances in terms of social determinants of health, a lack of service availability, and higher costs of access and delivery, all resulting in poor health outcomes.

“Although the government invests in workforce initiatives and several measures are in place to support rural health, these need to be augmented and continued as they still do not sufficiently improve service availability and a patient’s access to health care.

“Social determinants of health negatively impact rural people, who are sick for longer periods and end up in hospitals because of inadequate primary care access to doctors, nurses and other health workers. Proper funding in this regard would keep people well and out of the expensive and overburdened hospital system.

“Rural communities need government to be more flexible and introduce block or genuine support funding to provide multidisciplinary care for patients. These communities know how to collaborate – they do it every day – but costs of access and delivery are higher, so the delivery of health care will be different and broader. It does not fit into the model available to urban people,” Ms Tegen added.

The Alliance calls for the funding of a place-based multidisciplinary model of primary health care – Primary care Rural Integrated Multidisciplinary Health Services (PRIM-HS) – that gives the flexibility to engage communities and address local needs in partnership, in a similar way to Aboriginal Community Controlled Health Organisations (ACCHOs).

“Communities need access to health care in their localities. To achieve this, we urge government to add to existing city-based and hybrid (city/rural) training, with a flipped model of exceptional rural medical and allied training, including nurse training. This would make training in cities the exception and enable students living rurally to train in their own communities.

“Why should people living in rural Australia pay twice or thrice the amount for the same health care available in cities, yet still have poorer health? Why do they need to fundraise to access a service that should be provided through their taxes? This is the unfortunate reality faced by many rural Australians,” said Ms Tegen.

Investing in rural areas will have the additional benefit of reducing costs in the hospital sector and emergency departments but, more importantly, it will increase the already significant economic contribution of rural communities to Australia’s wellbeing.

“We are committed to working with federal and state governments, ministers and departments to put things right.

“Tweaking around the edges with trials and funding that stops after three years, has exhausted rural communities. The 48 national Members of the Alliance, all passionate about rural Australia, eagerly await the much-needed direction of funds to redesign primary health care in rural Australia at the grassroots,” Ms Tegen added.

\*The *Evidence base for additional investment in rural health in Australia* report was prepared by Nous Group’s Health and Ageing practice. The project was undertaken as part of Nous Group’s Community Partnership Scheme which, twice a year, invites community and not-for-profit organisations in Australia to apply for subsidised consulting services.

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