

# SOCIAL DETERMINANTS OF HEALTH IN RURAL AUSTRALIA



Healthy and sustainable rural, regional and remote communities across Australia

Rural people are disproportionately affected by poorer social determinants of health and this influences their health outcomes. In Australia, people living in rural areas often have lower incomes, lower educational attainment, and significant challenges with homelessness and overcrowded housing. These factors must be considered when addressing inequity of health outcomes in rural Australia.



## Overview

The term *determinants of health* recognises that people's life circumstances impact their health, and many of these factors are beyond an individual's direct control. The social determinants of health form part of the wider determinants of health.

The World Health Organization (WHO) defines the social determinants of health as 'the non-medical factors that influence health outcomes':

*They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.<sup>1</sup>*

The following list from the WHO provides examples of the key social determinants of health which can influence health equity:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

Table 1 differentiates the 'protective' and 'adverse' nature of some of the social determinants of health.<sup>2</sup>

Table 1: Protective and adverse factors of social determinants of health

Social element	Protective	Adverse
<b>Early childhood</b>	Prior to conception – parents' health and diet Preschool education/ programs Quality of relationships	Unhealthy learned behaviours Deprivation
<b>Housing</b>	Strong structural integrity Home ownership Quality infrastructure provides shelter, safety, security and privacy Appropriate for family unit	Overcrowding Insecure housing Unaffordable housing Homelessness Inadequate supply and poor conditions of social housing
<b>Working conditions</b>	Secure, full-time arrangements Strong social connections in the workplace	Exposure to harmful substance and injury risks Underemployment Working excessively long hours Psychologically harmful working conditions (stress, bullying, harassment etc.)
<b>Social support and participation</b>	Strong social networks outside of family	Lack of support Loneliness Social exclusion

## Social determinants of health in rural Australia

Socioeconomic status (that is, average incomes, educational levels, career choices, and so forth) declines with remoteness<sup>3</sup>, and is frequently cited as a key contributor to the poorer health outcomes of people living in rural, regional and remote (hereafter rural) Australia.<sup>4</sup> In many communities, the impacts of lower socioeconomic status are compounded by poorer access to, and/or higher costs of, a range of goods and services – including high-speed broadband, mobile phone coverage, appropriate health services and public transport.

The Australian Bureau of Statistics (ABS) Remoteness Areas divide Australia into five classes of remoteness on the basis of a measure of relative access to services.<sup>a</sup>

The five remoteness classes are:

- Major Cities
- Inner Regional
- Outer Regional
- Remote
- Very Remote.

In rural Australia, individuals are generally more exposed to adverse social determinants of health, leading to higher rates of health and behavioural risk factors and reduced use of primary healthcare services:

- People living in rural Australia use Medicare (such as for GP visits) up to 50 per cent less often, compared with those in Major Cities and Inner Regional areas.<sup>3</sup>
- Due to poorer preventive care, rural people experience higher rates of potentially preventable hospitalisations, with rates in Remote and Very Remote areas being two to three times higher than in Major Cities.<sup>3</sup>
- Additionally, people in rural areas face a higher burden of disease and elevated mortality rates, compared to those in Major Cities.<sup>3</sup>

### Income levels and poverty

Rural Australians have lower incomes and net household worth, compared with those living in Greater Capital City areas.<sup>b</sup> In 2019–20, Australians living outside Greater Capital City areas had, on average, 15 per cent lower weekly household income and 22 per cent lower mean household net worth compared to those living in Greater Capital City areas.<sup>4</sup>

However, there has been some improvement since 2015–16, when the figures for Australians living outside capital cities were 18 per cent and 29 per cent, respectively.<sup>5</sup>

In addition, First Nations peoples (65 per cent of whom live outside Major Cities) are disproportionately affected by poverty.<sup>6</sup> In 2021, more than one in three (35 per cent or 137,600) First Nations adults lived in households with incomes in the lowest 20 per cent of incomes nationally. Between 2011 and 2021, after adjusting for inflation, the median gross weekly equivalised household income<sup>c</sup> increased from \$619 to \$825 for First Nations adults and from \$998 to \$1,141 for non-Indigenous adults. The average weekly equivalised household income of First Nations adults were highest (at \$982) among those living in Major Cities, and lowest (at \$459) among those living in Very Remote areas.<sup>6</sup>

### Unemployment rates

In June 2020, unemployment rates (the proportion of a population receiving an unemployment benefit such as Newstart/JobSeeker and Youth Allowance) for people living in Greater Capital Cities were, on average, three percentage points lower than for people in all other areas. The difference was particularly pronounced in the Northern Territory, where unemployment rates were 16 percentage points higher outside of the Darwin area (at 25.3 per cent as opposed to 9.3 per cent).<sup>7</sup>

### Types of employment and remuneration levels

The types of employment available in rural Australia are often in industries that are less well remunerated than those available in Major Cities, where high-skilled, well-paid knowledge work is more readily available. Nonetheless, regional centres have highly differentiated economic profiles and performance, with some regions benefiting from specific industries and support services.<sup>8</sup> These benefits flow on to the people employed in these fields.

### Education opportunities

There are also differences in the educational status of people living and working in rural Australia, where fewer people finish secondary school or participate in higher education.

The limited availability of tertiary education institutions may be a contributing factor to the lower rates of bachelor's degree completion among rural populations.

<sup>a</sup> See [here](#) for further information on the Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) which is referred to by the following terms: Major Cities, Inner Regional, Outer Regional, Remote and Very Remote areas.

<sup>b</sup> See [here](#) for further information on Greater Capital City Statistical Areas: Two classification groups that define the functional extent of the eight capital cities and the 'rest of state', which encompasses several major regional cities.

<sup>c</sup> 'Equivalised household income': This term is used when household incomes are adjusted to enable the comparison of income levels between households of different size and composition. It recognises that a larger household needs to have a higher level of income if it is to achieve the same standard of living as a smaller household.

In 2023, people aged 20–64 living in rural areas were less likely than those in Major Cities to have completed Year 12 or equivalent:

- In 2023, 78 per cent of people aged 20 to 64 living in Major Cities had a year 12 or equivalent qualification. This compares to 62 per cent in Inner Regional, 59 per cent in Outer Regional and 59 per cent in Remote and Very Remote areas. The gap in completion of Year 12 between Major Cities and Remote and Very Remote areas has narrowed slightly from 24 per cent in 2014 to 19 per cent in 2023.<sup>4</sup>

A smaller proportion of those living in rural areas were likely to have completed a bachelor's degree or higher, compared with those in Major Cities:

- Of those aged 20–64 living in Major Cities, 41 per cent had completed a bachelor's degree or above, compared with 27 per cent of those living in Inner Regional, 22 per cent of those living in Outer Regional and 20 per cent of those living in Remote and Very Remote areas.
- The gap between Major Cities and Remote/Very Remote areas in completion of a bachelor's degree or higher has widened, from 16 per cent in 2014 to 21 per cent in 2023.<sup>4</sup>

## Housing

While people living in rural Australia are reported to experience lower levels of financial stress in relation to housing, there are often high levels of overcrowding and high rates of people living in social housing in Remote and Very Remote areas, and elevated rates of homelessness are found in Outer Regional, Remote and Very Remote areas as well.<sup>9</sup>

Additionally, home ownership is becoming more difficult to attain for first-home buyers across the nation. In some communities, especially remote First Nations communities, housing is predominantly social housing and therefore, government-owned, and there are limited opportunities for home ownership or other forms of housing.

Policies and interventions that could increase home ownership and positive life and health outcomes include long-term lease arrangements and investment by the Northern Australia Infrastructure Facility.<sup>10</sup>

## Family and domestic violence

People in Remote and Very Remote Australia are 24 times as likely to be hospitalised for domestic violence, compared with people in Major Cities.<sup>11</sup>

First Nations people living in Remote and Very Remote areas are more likely to be hospitalised due to family violence than are First Nations people living elsewhere.

- In 2022–23, the hospitalisation rate for family violence was about 2,091 per 100,000 for First Nations females aged 15 and over living in Remote and Very Remote areas. This can be compared with 275 per 100,000 for those living in Inner and Outer Regional areas and 215 per 100,000 for those living in Major Cities.<sup>12</sup>
- The hospitalisation rate for First Nations males aged 15 and over living in Remote and Very Remote areas was 653 per 100,000, compared with 87 per 100,000 for those living in Inner and Outer Regional Areas and 59 per 100,000 in Major Cities.<sup>12</sup>
- A number of studies show that women living in rural Australia are more likely to have experienced partner violence. The ABS Personal Safety Survey showed that 23 per cent of women living outside Major Cities had experienced violence from an intimate partner after the age of 15 (compared to 15 per cent of women living in Major Cities).<sup>13</sup> The Australian Longitudinal Study on Women's Health also found that women in rural areas were more likely to have experienced partner violence than women living in capital cities.<sup>14</sup>

## Social inclusion

Being 'socially included' means that people have the resources, opportunities and capabilities they need to:

- learn (participate in education and training)
- work (participate in employment, unpaid or voluntary work, including family and carer responsibilities)
- engage (connect with people, use local services and participate in local, cultural, civic and recreational activities)
- have a voice (influence decisions that affect them).<sup>15</sup>

People living in rural Australia have strengths in some of these areas – particularly in 'working' and 'engaging'. There is also evidence to suggest that rural people have a greater sense of belonging<sup>15,16</sup>, are less likely to experience loneliness and are likely to do more volunteering.<sup>17</sup> However, limited access to education and training resources can restrict their career and life opportunities. Moreover, lack of access to policy makers and politicians means that many communities – especially smaller and more remote ones – cannot influence decisions that affect them.

## Early childhood

In early childhood development, physical, social/emotional and language/cognition development are known to strongly influence later school success, economic participation, social citizenship and health.<sup>d</sup> Children living in Very Remote areas were more likely to be developmentally vulnerable<sup>e</sup> than children in other remoteness areas.

<sup>d</sup> van Eyck et al. 2021 cited in Social determinants of health AIHW. 7 July 2022 [aihw.gov.au/reports/australias-health/social-determinants-of-health](https://aihw.gov.au/reports/australias-health/social-determinants-of-health) [accessed 20 March 2024].

<sup>e</sup> See [here](#) for more information on developmentally vulnerable: experience a number of challenges related to emotional regulation.

In 2021, 46 per cent of children in Very Remote areas were developmentally vulnerable, compared with 21 per cent of children living in Major Cities.<sup>18</sup>

Many rural communities live in 'childcare deserts'<sup>f</sup>, which affects various social determinants of health. This absence of accessible childcare can limit opportunities for employment and education, thereby impacting the overall health and well-being of individuals and families in these areas. A 2022 study<sup>19</sup> found that the proportion of 'childcare deserts' increased with remoteness. See Table 2 below for more details.

**Table 2: Childcare accessibility in Australia by remoteness**

Remoteness category	Population living in a 'childcare desert'	Proportion of a regional area identified <sup>19</sup> as a 'childcare desert'
Major Cities	5,360,550	29 per cent
Inner Regional	2,028,950	45 per cent
Outer Regional	1,264,270	61 per cent
Remote	248,450	85 per cent
Very Remote	152,740	78 per cent
All of Australia	9,054,960	35 per cent

Lack of childcare reduces young children's access to quality early learning opportunities. It also inhibits rural parents' participation in the workforce, and rural communities' ability to attract potential employees to fill vacancies. (This includes roles in the fields of health and education, which can be difficult to fill: teachers, early childhood educators and health practitioners of all types.)

The flow-on effects for rural people and their communities include:

- lower income levels
- job insecurity
- negative impacts on early childhood development
- poor access to affordable health services.

### Food cost and access

Food access (including cost, affordability, availability and location) contributes to food security. Consequently, communities – including those in rural and remote locations and Aboriginal and Torres Strait Islander communities – are impacted disproportionately.

In some areas the cost of healthier foods, such as fresh fruit and vegetables and wholegrain bread, is sometimes more than 30 per cent higher than the cost of these foods in metropolitan centres.<sup>20</sup>

### Specific consideration for First Nations peoples in rural Australia

The importance of culture underpins the value that First Nations people place on continuing to practise ways of knowing and being, which are embodied in Country, family, ancestors, language, art, dance, songs and ceremony.<sup>22</sup>

It is often pointed out that 35 per cent of the health gap for First Nations peoples is due to the social determinants of health.<sup>21</sup> For First Nations peoples, much work has been undertaken to address the social determinants of health, including linking these social determinants to the equally important cultural determinants of health.<sup>22</sup>

A review undertaken in 2021 identified family and community; Country and place; cultural identity; and self-determination as having positive impacts on the health and wellbeing of First Nations peoples.<sup>23</sup> Yet, as the Closing the Gap reports show, much remains to be done. The Productivity Commission's annual data compilation report for 2024<sup>24</sup> highlights outcomes of concern for some of the socioeconomic targets of Closing the Gap. While there has been improvement against targets for preschool enrolment, babies born with a healthy birthweight, employment, and land subject to First Nations rights or interests<sup>g</sup>, the following targets are worsening or are not on track:

- life expectancy
- adults in prison
- young people in detention
- children in out-of-home care<sup>h</sup>
- deaths by suicide
- children commencing school developmentally on track
- adults that had attained year 12 or equivalent
- adults that had completed a tertiary qualification
- children fully engaged in employment, education or training
- people living in appropriately sized housing.<sup>24</sup>

The Closing the Gap original targets were established in 2008, and it was only in 2020 that the National Agreement on Closing the Gap was agreed upon.

<sup>f</sup> A 'childcare desert' is a term used to describe areas where childcare options are significantly limited. Specifically, a childcare desert is defined as a populated region that has fewer than 0.333 childcare spaces for each child, or where there are more than three children for every available childcare space.

<sup>g</sup> See [here](#) for a list of the progress towards Closing the Gap targets.

<sup>h</sup> Research indicates that children in residential out-of-home care are often criminalised more frequently for behaviors that would typically go unreported in a family environment.

This agreement is the first to include a non-government signatory (the Coalition of Peaks<sup>1</sup>). All jurisdictional governments and the Australian Local Government Association are also signatories.<sup>25</sup> The Productivity Commission will be undertaking regular monitoring of the targets.

'Closing the Gap' also calls for fundamental change to the way governments work with Aboriginal and Torres Strait Islander peoples.<sup>26</sup> The National Agreement has been built around what Aboriginal and Torres Strait Islander people have identified as important to improve their lives. The Coalition of Peaks worked with Australian governments to determine what had been working over the last ten years; what could be strengthened; and what needed to change.

## The positives of living in rural Australia

It is also important to focus on the many positive aspects to living rurally, such as experiencing the peace, freedom, attachment, sense of community and connectedness that can be found there.

Research from the Australian Unity Wellbeing Index<sup>27</sup> indicates that people in regional or rural areas report higher levels of wellbeing compared to those in urban settings.

The National Rural Health Alliance publication *Rural health in Australia SNAPSHOT 2023*<sup>3</sup> highlights other studies that identify the benefits that can come from living in rural Australia. These benefits include:

- a greater sense of belonging, less loneliness and more volunteering
- a better work-life balance (including for health professionals)
- a restorative environment due to rural scenery and natural sounds
- shorter commute times for work
- more satisfaction with community connectedness<sup>27</sup> and personal safety
- lower levels of financial stress related to housing.<sup>3</sup>

## Policy implications

The unique circumstances of rural areas mean that solutions designed for metropolitan areas may not effectively address the effects of adverse social determinants of health. Effective solutions should be based on local knowledge and led by community members who understand their specific needs. Additionally, policies affecting multiple areas need to be carefully evaluated from both rural and health perspectives to prevent unintended consequences that could worsen inequalities for those living outside major cities.

It is imperative that governments and key stakeholders work together in rural Australia to improve:

- educational opportunities and outcomes
- economic opportunities
- access to safe, affordable, healthy housing
- access to affordable, healthy food
- personal safety and safety within relationships and families
- opportunities for social connection and cohesion and
- early childhood experiences that promote optimal development.

<sup>1</sup> The Coalition of Peaks is a representative body of more than 80 Aboriginal and Torres Strait Islander community-controlled peak organisations and members.



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