

24. Rural and remote residents

Young people living in rural and remote areas tend to have poorer health than young people living in metropolitan areas. This is true in relation to illnesses but is especially so for injury and suicide (e.g. Mitchell et al. 2002; Page & Fragar 2002).

For some risk factors, people from rural and remote areas are worse off than those from metropolitan areas or major cities. For example, in 1995, the rate of physical inactivity during leisure time was higher among people living in remote areas of Australia (37%) than for people living in metropolitan (34%) and rural (32%) areas. National Health Survey data have also shown higher rates of overweight for people in rural areas compared with those from metropolitan areas. People from rural and remote areas also have high rates of regular smoking, drinking at hazardous levels and using illicit substances – often higher than young people in metropolitan areas (AIHW 2002b; Richardson et al. 2001; Hancock et al. 2001; Williams 2001).

As well as these biological and behavioural risk factors, there are a number of social and environmental factors that make it more likely for young people in rural and remote regions of Australia to have worse health than young people living in other parts of Australia. Firstly, young people living outside major cities are often disadvantaged by a lack of educational and employment opportunities, which results in lower incomes and possible unemployment (Garnaut et al. 2001). This disadvantage is often further compounded by the price of commodities such as food and petrol being higher in rural and remote communities than in metropolitan and regional centres (AIHW 2002b). Rural young people also have limited choices for recreational and leisure activities. As a result of boredom or frustration, young people sometimes engage in reckless or dangerous behaviour leading to injury or even accidental death (Patterson & Pegg 1999).

People living outside major cities can have poorer access to services. Access to health services for people living in regional Australia is influenced by a lower number of general practitioners, lower rates of bulk billing (AMWAC 2000), and lower levels of access to specialists and major hospitals as a consequence of longer travelling distances (AIHW: Al-Yaman et al. 2002).

Finally, the substantially higher proportion of Aboriginal and Torres Strait Islander people living in remote areas means that the overall health status in some of the areas is partly determined by the health status of the Indigenous population (AIHW: Strong et al. 1998).

This chapter presents information on health status, quality of life and morbidity of young people by area of residence, using the new remoteness classification under the Australian Standard Geographical Classification (ASGC) Remoteness Structure. Mortality data by area of residence are presented using the rural, remote and metropolitan areas (RMMA) classification, as deaths could not be classified using the new ASGC remoteness classification at the time of writing. Detailed data on the health of people living in rural and remote areas will become available in the AIHW publication: *Rural, Regional and Remote Health: a Study on Mortality* (2003). The main data sources are the 2001 ABS NHS, the AIHW National Hospital Morbidity Database and the AIHW Mortality Database.

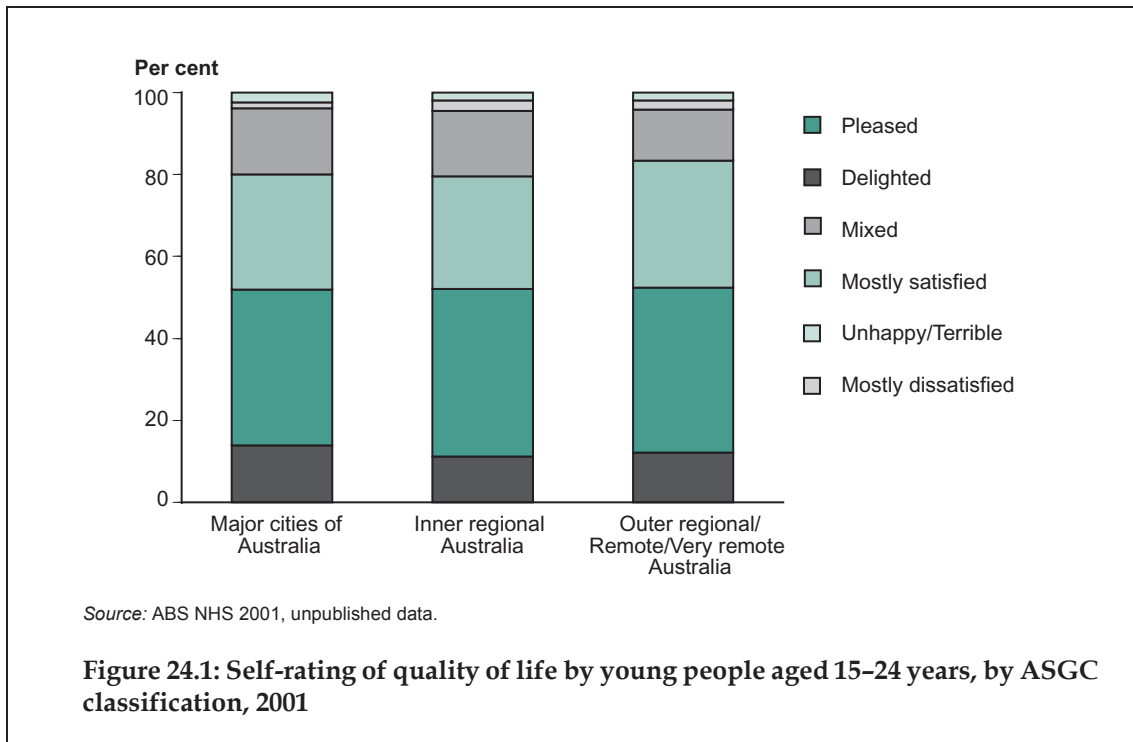
Table 24.1: Self-assessed health status of Australian young people aged 15–24 years, by remoteness of area of usual residence, 1995 and 2001

	Number		Per cent	
	1995	2001	1995	2001
Major cities				
Excellent/very good	1,213,315	1,170,566	64.9	64.1
Good	486,953	492,625	26.1	26.9
Fair/poor	167,951	165,312	9	9
Total	1,868,219	1,828,502	100	100
Inner regional				
Excellent/very good	360,061	315,891	67.0	64.5
Good	128,004	125,929	23.8	25.7
Fair/poor	49,363	47,798	9.2	9.8
Total	537,428	489,618	100	100
Outer regional/remote/very remote				
Excellent/very good	182,257	169,769	59.8	67.8
Good	99,011	56,771	32.5	22.7
Fair/poor	23,345	23,835	7.7	9.5
Total	304,613	250,374	100	100

Source: ABS NHS 1995 & 2001, unpublished data.

- Little change occurred in the way young people rated their health between 1995 and 2001. The largest changes were in reported self-assessed health of young people living in outer regional and remote areas of Australia.
- In 2001, more outer regional and remote young people rated their health as 'fair/poor' than in 1995 (10% compared with 8%). The proportion of young people from outer regional and remote areas rating their health as 'excellent/very good' also increased over time (60% in 1995 compared with 68% in 2001). The proportion rating their health as 'good' decreased from 33% in 1995 to 23% in 2001.
- In 2001, most young people living in major cities (64%) and inner regional areas (65%) rate their personal health as either very good or excellent. However, in outer regional/remote/very remote communities, the proportion was slightly higher (68%).

Quality of life



- Young people from major cities were more likely to say they were ‘delighted’ with their life (14%) than young people from regional or remote areas (11% and 12%, respectively).
- Around 70% of young people in regional or remote areas rated that they were pleased or mostly satisfied with their quality of life.

Hospitalisations

Table 24.2: Reasons for hospitalisation of young people aged 15–24 years by ICD chapter and remoteness area of usual residence, 2000–01

	Major cities			Inner regional			Outer regional, remote, very remote		
	Number	Rate per 100,000 young people	Per cent	Number	Rate per 100,000 young people	Per cent	Number	Rate per 100,000 young people	Per cent
Pregnancy and childbirth	58,735	6,466	19.9	23,267	9,363	24.5	20,809	14,174	27.0
Digestive system	47,004	5,174	15.9	13,784	5,547	14.5	8,760	5,967	13.1
Injury and poisoning	38,133	4,198	12.9	14,205	5,716	15.0	12,891	8,780	16.3
Mental and behavioural disorders	29,047	3,198	9.9	5,749	2,313	6.1	4,226	2,879	6.0
Contact with health services	23,845	2,625	8.1	5,976	2,405	6.3	4,874	3,320	6.6
Genitourinary system	16,315	1,796	5.5	5,301	2,133	5.6	3,518	2,396	4.8
Respiratory system	14,903	1,641	5.1	5,398	2,172	5.7	4,002	2,726	5.5
Other conditions	21,180	2,332	22.7	66,908	26,925	22.3	15,238	10,379	20.9
Total	333,495	36,712	100	110,020	44,274	100	67,211	45,779	100

Note: 'Other conditions' include symptoms, signs and abnormal findings not elsewhere classified; diseases of the musculoskeletal system; diseases of the skin and subcutaneous tissue; neoplasms; certain infectious and parasitic diseases; diseases of the nervous system; endocrine, nutritional and metabolic diseases, diseases of the blood and blood-forming organs; diseases of the circulatory system; congenital malformations; diseases of the ear; diseases of the eye; and perinatal conditions

Source: AIHW National Hospital Morbidity Database.

- The rate of hospitalisations for pregnancy and childbirth among young women living in inner regional and in outer regional and remote areas was higher than for those living in major cities (9,363 and 14,173 per 100,000 compared with 6,466 per 100,000).
- The rate of hospitalisations for external causes of injury was also higher among young people living in inner regional and in outer regional and remote areas (5,716 and 8,780 per 100,000 compared with 4,198 per 100,000).
- The most frequent reasons for hospitalisation of young people aged 15–24 years did not vary greatly by area of residence in 2001. The top five specific diagnoses for major cities, inner regional and more remote areas alike were impacted teeth, medical abortion, extracorporeal dialysis, single spontaneous delivery and chronic tonsillitis.

Mortality

Table 24.3: Causes of death for young people aged 12–24 years, by ICD chapter and area of residence, 1999–01

Cause of death	Number			Rate per 100,000 young people		
	Metropolitan	Rural	Remote	Metropolitan	Rural	Remote
External causes of injury and poisoning	2,202	1,036	223	37.6	57.4	99.4
Malignant neoplasms	262	92	17	4.5	5.1	7.6
Mental, behavioural disorders	203	34	7	3.5	1.9	3.1
Diseases of the nervous system	143	61	9	2.4	3.4	4.0
Circulatory system	95	42	15	1.6	2.3	6.7
Endocrine, nutritional and metabolic diseases	77	24	4	1.3	1.3	1.8
Congenital malformations, deformations and chromosomal abnormalities	57	27	5	1.0	1.5	2.2
Respiratory system	49	20	9	0.8	1.1	4.0
Symptoms, signs and abnormal findings not elsewhere classified	34	23	8	0.6	1.3	3.6
Certain infectious and parasitic diseases	46	13	2	0.8	0.7	0.9
Other causes of death	53	16	11	0.9	0.9	4.9
Total deaths	3,221	1,388	310	55.0	76.9	138.1

Note: 'Other conditions' include: diseases of the blood and blood-forming organs, diseases of the digestive system, benign neoplasms, diseases of the genitourinary system, diseases of the musculoskeletal system, pregnancy, childbirth and puerperium, diseases of the skin and subcutaneous tissue, diseases of the eye, adnexa, ear and mastoid process.

Source: AIHW Mortality Database.

- Death rates due to external causes of injury and poisoning were higher among young people in rural and remote areas than those living in metropolitan areas (57.4, 99.4 and 37.6 deaths per 100,000 young people, respectively). In 1999–01, around 72% of deaths of young people living in rural and remote areas were due to external causes compared with 68% of deaths of young people living in metropolitan areas.

Between 1999 and 2001 the most common causes of death for young people aged 12–24 years varied by area of residence (Table 24.4).

Table 24.4: Most frequent causes of death for young people aged 15–24 years, by area of residence, 1999–01

Cause of death	Number			Rate per 100,000 young people		
	Males	Females	Persons	Males	Females	Persons
Metropolitan						
Intentional self-harm by hanging, strangulation and suffocation	303	73	376	10.3	2.5	6.4
Accidental poisoning by and exposure to narcotics and hallucinogens, not elsewhere classified	136	40	176	4.6	1.4	3.0
Driver injured in collision with fixed or stationary object	137	29	166	4.6	1.0	2.8
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	96	50	146	3.2	1.7	2.5
Rural						
Intentional self-harm by hanging, strangulation and suffocation	128	30	158	13.7	3.4	8.8
Driver injured in collision with fixed or stationary object	92	20	112	9.8	2.3	6.2
Passenger injured in collision with fixed or stationary object	47	19	66	5.0	2.2	3.7
Driver injured in collision with car, pick-up truck or van	30	19	49	3.2	2.2	2.7
Remote						
Intentional self-harm by hanging, strangulation and suffocation	48	6	54	39.9	5.8	24.1
Driver injured in collision with fixed or stationary object	11	5	16	9.1	4.8	7.1
Assault by sharp object	5	5	10	4.2	4.8	4.5
Passenger injured in non-collision transport accident	8	2	10	6.7	1.9	4.5

Source: AIHW Mortality Database.

- Among young people living in all areas, intentional self-harm by hanging, strangulation and suffocation was the most common cause of death. Drivers killed in collisions also featured among the top causes of death in all areas.
- Among young people living in metropolitan areas, the second and fourth most common causes of death were accidental poisoning by narcotics and hallucinogens or other unspecified substances. However, for young people from rural and remote areas, accidental poisoning did not feature in the top four causes of death.
- Other transport accidents, as well as assault, featured in the top four causes of death among young people living in rural and remote areas.

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