



5.11 Rural and remote health

In 2013, 29% of the Australian population lived in rural and remote areas: 18% in *Inner regional* areas, 8.9% in *Outer regional* areas, 1.4% in *Remote* areas and 0.9% in *Very remote* areas.

In this snapshot, the term 'rural and remote' encompasses all areas outside Australia's *Major cities*. Using the Australian Standard Geographical Classification System, these areas are classified as *Inner regional*, *Outer regional*, *Remote* or *Very remote*. In many instances, the term 'rural and remote' is used interchangeably with the classification terms 'regional and remote'.

Australians living in rural and remote areas tend to have lower life expectancy, higher rates of disease and injury, and poorer access to and use of health services than people living in *Major cities*.

Poorer health outcomes in rural and remote areas may reflect a range of social and other factors that are detrimental to health, including a level of disadvantage related to educational and employment opportunities, income, and access to health services. People living in rural and remote areas may face more occupational and physical risks, for example, from farming or mining work and transport-related accidents, and experience higher rates of other risk factors associated with poorer health, such as tobacco smoking and alcohol misuse.

Despite poorer health outcomes for some, the Household, Income and Labour Dynamics in Australia (HILDA) survey found that people living in small towns (fewer than 1,000 people) and non-urban areas often experienced greater life satisfaction than those living in *Major cities* (Wilkins 2015).

Health status

In 2009–2011, people living in *Remote* and *Very remote* areas had mortality rates 1.4 times as high as people living in *Major cities*. For nearly all causes of death, rates were higher for people living outside *Major cities*, with people in *Remote* and *Very remote* areas faring the worst.

- Coronary heart disease was the leading cause of death for all areas, and mortality rates were between 1.2 and 1.5 times as high in rural and remote areas as in *Major cities*.
- In *Remote* and *Very remote* areas, the rate of dying due to a land transport accident was more than 4 times as high as in *Major cities*.
- In *Remote* and *Very remote* areas, death rates due to diabetes were between 2.5 and 4 times as high, and, for suicide, between 1.8 and 2.2 times as high as in *Major cities*.



Disease prevalence is generally higher in rural and remote areas of Australia than in *Major cities*. Based on self-reported data from the 2014–15 National Health Survey (NHS) (ABS 2015), compared with people living in *Major cities*, people living in *Inner regional* and in *Outer regional/Remote* areas of Australia had higher rates of:

				
		Major cities	Inner regional	Outer regional/ Remote
	Arthritis	14%	20%	18%
	Back pain and problems	16%	18%	16%
	Asthma	10%	12%	12%
	COPD	2.4%	3.4%	2.7%
	Blindness	0.5%	0.9%	0.8%
	Deafness	9.8%	15%	14%
	Diabetes	4.7%	6.0%	6.7%
	CVD	4.7%	6.7%	5.8%
	Cancer	1.6%	1.7%	1.8%
	Mental health problems	17%	19%	19%

Notes

1. '%' represents prevalence of chronic diseases in each region (excluding *Very remote* areas of Australia).
2. Proportions are not age-standardised, and in some instances higher prevalence may reflect the older age profiles in *Inner regional* and *Outer regional/Remote* areas.
3. 'COPD' refers to chronic obstructive pulmonary disease.
4. 'Blindness' includes partial and complete blindness.
5. 'CVD' refers to heart, stroke and vascular disease.



Health behaviours and risk factors

People living in rural and remote areas generally have higher rates of health risk factors. The rates among adults in *Major cities*, *Inner regional* and *Outer regional/Remote* areas, based on self-reported data from the 2014–15 NHS (ABS 2015), were:



	Major cities	Inner regional	Outer regional/Remote
 Current daily smoker	13%	17%	21%
 Overweight or obese	61%	69%	69%
 No/low levels of exercise	64%	70%	72%
 Exceed lifetime alcohol risk guideline	16%	18%	23%
 High blood pressure	22%	27%	24%

Notes

1. '%' represents prevalence of risk factor in each region (excluding *Very remote* areas of Australia).
2. 'Proportions' are not age-standardised and, in some instances, higher prevalence may reflect the older age profiles in *Inner regional* and *Outer regional/Remote* areas.

Health care

People living in *Remote* and *Very remote* areas generally have poorer access to, and use of, health care services than people in regional areas and *Major cities*. They also have lower rates of breast and bowel cancer screening (see 'Chapter 6.2 Cancer screening'), higher rates of potentially avoidable hospitalisations, and lower access to selected hospital procedures (see 'Chapter 6 Preventing and treating ill health').

In 2014, the full-time equivalent (based on total weekly hours worked) rate of employed general practitioners (GPs) per 100,000 population was higher in *Remote* and *Very remote* areas (137) than in *Major cities* (109); however:

- the overall rate of employed medical practitioners (including specialists) was lower (253 per 100,000 population compared with 409)
- the number of GP services provided per person in *Very remote* areas during 2010–11 was about half that of *Major cities* (Duckett et al. 2013).



People living in remote areas of Australia may need to travel long distances or relocate to attend health services or receive specialised treatment. For example, based on combined data for 2005–2010, 57% of people with end-stage kidney disease who lived in *Very remote* areas at the start of their treatment moved to less remote areas within 1 year.

In 2013–14, the rate for emergency hospital admissions involving surgery was highest for people living in *Very remote* areas (22 per 1,000) and fell with decreasing remoteness to be lowest among people living in *Major cities* (12 per 1,000).

What is missing from the picture?

It can be difficult to assess the implications of remoteness for health due to:

- the interactions between remoteness, low socioeconomic position and the higher proportion of Indigenous Australians in many of these areas compared with *Major cities*
- the variability in the distribution of disadvantage and of Indigenous Australians across all areas—for example, levels of disadvantage on the fringe of *Major cities* can be more akin to those in rural/remote areas than to inner-city areas
- gaps in the availability and coverage of health data in rural and remote areas, and in information available at the local area level.

It is also difficult to measure whether there is adequate supply of medical services because of the influence of factors such as varying health-seeking behaviours, professional scope of practice, and health system efficiency across remoteness areas.

Where do I go for more information?

Information is presented by remoteness categories for a range of risk factors, health conditions and health care settings in various AIHW reports, including [Chronic kidney disease: regional variation in Australia](#), [Mortality inequalities in Australia 2009–2011](#), and [Health workforce](#). These reports can be viewed and downloaded for free.

References

ABS (Australian Bureau of Statistics) 2015. National Health Survey: first results, 2014–15. ABS cat. no. 4364.0.55.001. Canberra: ABS.

Duckett S, Breadon P & Ginnivan L 2013. Access all areas: new solutions for GP shortages in rural Australia. Melbourne: Grattan Institute.

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.