Best for the Bush

SUMMARY WITH RECOMMENDATIONS

RURAL AND REMOTE HEALTH BASE LINE 2022

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Royal Flying Doctor Service

Introducing Best for the Bush

Despite some challenges, those in rural, regional and remote parts of our country report higher rates of life satisfaction than in our cities.

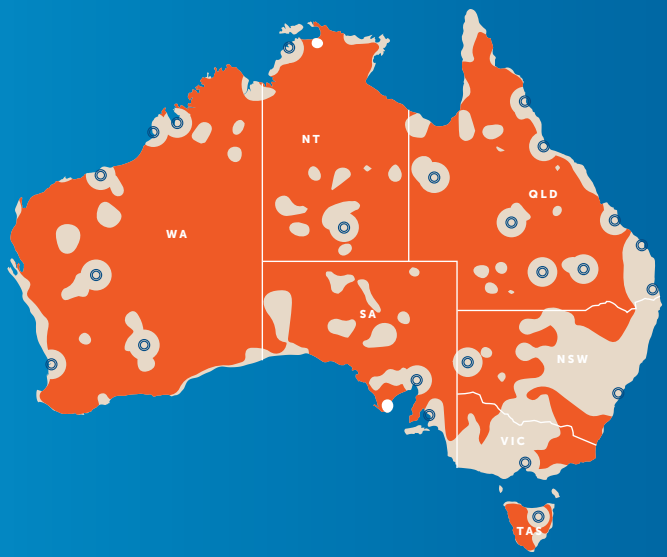
It is critical for our society, our identity and our economy that we have populations in these areas farming our fibre, mining our minerals and tending our traditional lands.

However, it is also well-established that rural, regional and remote Australians consistently experience poorer health, with those living in the most remote areas demonstrating the worst health outcomes.

People in these communities have poorer access to health care services, including hospital services and comprehensive primary healthcare services, travel greater distances to receive such services, experience higher rates of ill health and potentially preventable hospitalisations, and demonstrate higher levels of mortality, morbidity and health and disease risk factors.

Poor access to healthcare

- Limited access to mainstream health services
- Royal Flying Doctor Service aerobases



Barriers to health care access

- **PHYSICAL ACCESSIBILITY**
- **AFFORDABILITY**
- **ACCESSIBILITY**

30%

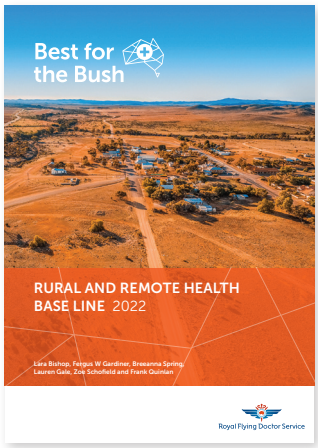
OF AUSTRALIANS LIVE OUTSIDE MAJOR CITIES

Having provided essential health services, including emergency aeromedical retrievals and primary healthcare services, to rural, regional and remote communities since 1928, the RFDS is acutely aware of the health challenges impacting these communities and is committed to being part of the solution to overcome them.

Almost 30 years ago, the RFDS produced a Best for the Bush strategy document, focused on improving health service delivery to rural, regional and remote Australians. The RFDS remains committed to this objective and towards this, is embarking on an annual Best for the Bush report series.

We seek to ensure only the best for the bush, achieved through adequate, appropriate, timely and comprehensive care that attains the highest standards of health and wellbeing, no matter where in Australia you live.

In 'Best for the Bush, Rural and Remote Health Base Line, 2022' the latest data on the health of rural, regional and remote Australians is presented alongside RFDS aeromedical retrieval data and evidence on service gaps, to identify the issues that most urgently need attention from service providers, funders and policy makers.



Disparities in health outcomes and service access for those living in rural, regional and remote areas compared to those in our major cities have existed for many years.

Moving the conversation to pursue solutions and action requires a sound understanding of the health issues impacting rural, regional and remote Australia and the specific gaps in service provision that need to be addressed as the highest priority.

Rural and remote health snapshot

Life Expectancy and Mortality Rates of Rural and Remote residents

compared to those in major cities.

Females in very remote areas are likely to die

19 YEARS EARLIER

Males in very remote areas are likely to die

13.9 YEARS EARLIER

Females have a mortality rate

1.5x AS HIGH

Males have a mortality rate

1.5x AS HIGH

Aboriginal and Torres Strait Islander Peoples in rural and remote Australia

3.5% OF AUSTRALIA'S POPULATION IDENTIFY AS INDIGENOUS

32% IN REMOTE AND VERY REMOTE AREAS IDENTIFY AS INDIGENOUS

In remote and very remote Australia, Indigenous peoples have a life expectancy **14 years shorter** compared to non-Indigenous people in these areas.

Indigenous peoples in remote and very remote Australia have a life expectancy over **6 years shorter** than Indigenous people in major cities.

Compared to people in major cities, people in remote and very remote areas are:

2.8x MORE LIKELY TO BE HOSPITALISED

2.5x MORE LIKELY TO BE FOR REASONS THAT ARE POTENTIALLY PREVENTABLE

Compared to those in major cities, people in very remote areas had death rates:

DIABETES AS A CAUSE OF DEATH

2nd IN VERY REMOTE AUSTRALIA

7th IN MAJOR CITIES

Compared to people in major cities, people in remote and very remote areas are:

1.9x as high daily consumption of sugar sweetened drinks

2x as likely to smoke daily

1.3x as likely to have consumed more than 10 alcoholic drinks in the last week

1.6x as likely to have alcohol intake exceed single occasion and lifetime risk guidelines

To supplement these data sets and shine further light on the key issues impacting the communities we serve in rural, regional and remote Australia, this report also provides an analysis of RFDS service data.

In the last year the RFDS has provided

387,042 patient contacts

equivalent to over 1000 patient contacts per day.

GP, NURSE AND COMMUNITY CLINICS
32,157

ROAD PATIENT TRANSPORTS
111,174

AEROMEDICAL RETRIEVALS
45,374

MENTAL HEALTH CLINICS
16,974

DENTAL CLINICS
16,873

TELEHEALTH CONSULTATIONS
63,481

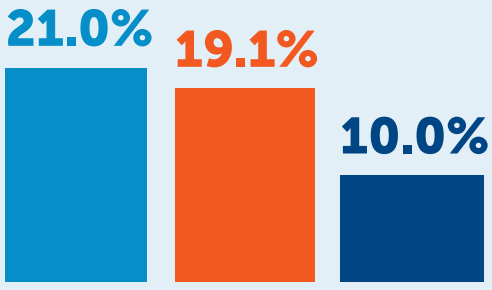
Top 3 Reasons for Aeromedical Retrieval by the RFDS

It is the data from RFDS aeromedical retrievals, not otherwise comprehensively captured in national statistics, which is the focus of analysis in the 'Best for the Bush, Rural and Remote Health Base Line, 2022' as a demonstration of where and for whom the most urgent need for care arises.

Analysis of our national aeromedical data showed that:

30%
OF PATIENTS WERE INDIGENOUS

55%
OF PATIENTS WERE MALE



DISEASES OF CIRCULATORY SYSTEM
i.e. angina, heart attack and stroke.

ACCIDENT, INJURY, POISONING
i.e. falls, assaults, suicide attempts, motor vehicle accidents, etc.

DISEASES OF DIGESTIVE SYSTEM
i.e. ulcers, reflux, appendicitis, bowel issues, disease of liver, gallbladder or pancreas.

As in previous years, diseases of the circulatory system e.g. heart attacks, strokes or angina, were found to be the most common reason for an RFDS aeromedical retrieval in the last year, particularly for non-Indigenous, male patients aged 45 years and older.

In many cases, cardiovascular or heart disease can be prevented or carefully managed in the primary healthcare setting to avoid the need for urgent intervention, such as an aeromedical retrieval or hospitalisation. This is just one example demonstrating the inadequate access to comprehensive primary healthcare services in rural, regional and particularly remote Australia.

There are many factors that contribute to those in rural, regional and remote Australia being able to access appropriate and effective health services, and the very first is ensuring they are available.

All Australians should expect reasonable access to primary healthcare services no matter where they live. The Australian Institute of Health and Welfare (AIHW) proposes that to ensure this, at a minimum, people should be able to access general practitioner, nursing, oral health and Indigenous health services within a 60-minute drive time.

Using this AIHW measure as a simple proxy measure, through our Strategic Planning and Operational Tool, SPOT, which maps service data and overlays this with population data, the RFDS has been able to show where this is not the case.

Leading reasons for RFDS aeromedical retrievals (number and proportion of total), by gender and Indigenous status, 2021–22 (ICD-10 codes)

	Demographic characteristics				
Rank	All persons	Male	Female	Non-Indigenous	Indigenous
1st	Diseases of the circulatory system N=6,411 (21.0%)	Diseases of the circulatory system N=4,106 (13.4%)	Diseases of the circulatory system N=2,304 (7.6%)	Diseases of the circulatory system N=4,349 (16.0%)	Injury, poisoning and certain other consequences of external causes N=1,557 (5.7%)
2nd	Injury, poisoning and certain other consequences of external causes N=5,829 (19.1%)	Injury, poisoning and certain other consequences of external causes N=3,546 (11.6%)	Injury, poisoning and certain other consequences of external causes N=2,281 (7.5%)	Injury, poisoning and certain other consequences of external causes N=3,665 (13.4%)	Diseases of the circulatory system N=1,197 (4.4%)
3rd	Diseases of the digestive system N=3,044 (10.0%)	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified N=1,667 (5.5%)	Diseases of the digestive system N=1,395 (4.6%)	Diseases of the digestive system N=2,125 (7.8%)	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified N=879 (3.2%)
4th	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified N=3,023 (9.9%)	Diseases of the digestive system N=1,648 (5.4%)	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified N=1,356 (4.5%)	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified N=1,859 (6.8%)	Diseases of the respiratory system N=772 (2.8%)
5th	Diseases of the respiratory system N=1,924 (6.3%)	Diseases of the respiratory system N=1,117 (3.7%)	Pregnancy, childbirth and the puerperium N=1,207 (4.0%)	Diseases of the respiratory system N=972 (3.6%)	Diseases of the digestive system N=659 (2.4%)

The RFDS found that:

44,930

people in remote and very remote Australia had no access to any type of primary healthcare service within a 60-minute drive time of their place of residence.

57,899

PEOPLE DID NOT HAVE ACCESS TO GP SERVICES

with the highest numbers of people without access in the regions of Daly-Tiwi-West Arnhem, the Kimberley and Far North Queensland.

118,943

PEOPLE DID NOT HAVE ACCESS TO GENERAL DENTAL HEALTH SERVICES

with the highest numbers of people without access in the regions of West Pilbara, Alice Springs, and Daly-Tiwi-West Arnhem.

208,247

PEOPLE DID NOT HAVE ACCESS TO NURSE-LED SERVICES

with the highest numbers of people without access in the regions of East Pilbara, Katherine and Esperance.

134,851

PEOPLE DID NOT HAVE ACCESS TO GENERAL MENTAL HEALTH SERVICES

with the highest numbers of people without access in the regions of West Pilbara, Alice Springs, and Daly-Tiwi-West Arnhem.

It is also noted that apart from the simple measure of a 60-minute drive time, there are many other barriers to access. These must be addressed in work to develop a more comprehensive definition of reasonable access that is agreed by the rural health sector, funders and policy makers alike. This needs to take into account affordability, cultural appropriateness, availability, and frequency or mode of delivery. Further, the analysis in this report does not account for a patient's ability to access transport, for example a private motor vehicle or public transport, or the costs of doing so. It is also the case that even a 60-minute drive time is a significant undertaking in many places throughout rural, regional and remote areas owing to factors such as difficult terrain, weather conditions or the poor condition of roads.

Providing comprehensive primary healthcare services to small populations across potentially vast geographic distances, as is the case in rural, regional and remote Australia, is challenging, but can be overcome through non-traditional and innovative service models that are adequately and sustainably resourced. However, service delivery challenges are compounded by the well-documented maldistribution of the health workforce in these areas along with broader workforce challenges, including maldistribution of general practitioners and the impact of the ongoing COVID-19 pandemic including service interruption and workforce fatigue.

Previous RFDS research has forecast that in the next decade there will be significant shortages of essential health services in rural, regional and remote Australia.

These challenges exist in the face of seeking to recover from the COVID-19 pandemic and the significant interruptions to services that have further impacted the availability of care in rural, regional and remote Australia. The World Health Organization (WHO) recently identified the backlogs and delays in non-emergency health care, including primary healthcare, caused by the COVID-19 pandemic that has led to late diagnosis of chronic diseases, as well as inadequate follow-up and control of patients. WHO found that each delay in diagnosis and treatment may worsen health problems, prolong recovery and decrease chances of survival for patients.

An additional review of RFDS aeromedical retrieval data was conducted, which compared the acuity of aeromedical retrievals pre-COVID-19 (1 July 2018 to 31 December 2019) and post COVID-19 (1 July 2020 to 31 December 2021) with initial results suggesting a 25% increase in priority one retrievals post-COVID-19.

This suggests that the RFDS retrieved patients who were sicker after lockdowns and is likely to be as a result of reduced access to primary healthcare during the pandemic.

Returning to business as usual primary healthcare, which was already inadequate, after the pandemic, will see the continuation of poorer health outcomes in the bush.

Based on the findings of the 'Best for the Bush, Rural and Remote Health Base Line, 2022' report, the RFDS wants to work with governments, industry and communities on the following recommendations:

1. Ensure equal access to primary care through local planning

In order to address the poorer health outcomes in rural, regional and remote Australia, there must be more equitable access to services, equal utilisation of services and equal health outcomes for those in rural, regional and remote areas as compared to other parts of Australia.

Additional funding commitments from Governments to resource primary healthcare services for rural and remote Australians will be required, which should fund models of care that are flexible, client-centred and genuinely responsive to demonstrated need at a local level.

2. Primary care plans for certain populations, locations, and at risk populations

Focused effort should be made to establish and deliver comprehensive primary healthcare plans for high risk individuals, based on evidence of the most effective health preventions to ensure optimum health and wellbeing that is tracked through comprehensive monitoring.

3. Establish an agreed definition of 'reasonable access'

Equity of access is a major objective of the Medicare system – that being Australia's publicly-funded universal health care insurance scheme. Consequently, All Australians should expect reasonable access to primary healthcare, no matter where they live.

In order to ensure this, an agreed and comprehensive definition of what constitutes 'reasonable' access is required. This definition must consider proximity, as well as affordability, cultural appropriateness, availability, frequency and mode of delivery.

4. Better data collection and integration

To achieve improved local service planning and the monitoring of better health outcomes, work must be undertaken to better collect and coordinate data related to the health and needs of those who reside in rural, regional and particularly remote, Australia.

5. A National Compact on Rural and Remote Health

To ensure results are achieved, it is critical that efforts across different elements of the health system are carefully coordinated and duplication and inefficiencies are avoided. The Australian Government should lead a National Compact on Rural and Remote Health, to serve as an inter-governmental agreement between the Commonwealth, States and Territories committing to tangibly improving the health outcomes of those living in rural, regional and remote Australia.

Royal Flying Doctor Service

To access the full 'Best for the Bush, Rural and Remote Health Base Line, 2022' report scan this QR code