

SUMMARY WITH RECOMMENDATIONS

IN FOCUS HEART, STROKE AND VASCULAR DISEASE



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



Almost 30 years ago, the RFDS produced a *Best for the Bush* strategy document, focused on improving health service delivery to rural and remote Australians. The RFDS remains committed to this objective and towards this, has embarked on an annual *Best for the Bush* report series to highlight, build the evidence on and recommend solutions to the most pressing health disparities affecting rural and remote Australians.

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.

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. The RFDS provides around 35,000 aeromedical retrievals every year, on behalf of the Commonwealth and our state retrieval partners - transporting those living, working and travelling in rural and remote Australia to the urgent hospital care they need.

The release of our first *Best for the Bush* 'Baseline' report in February '23 showed the most common reason for an RFDS aeromedical retrieval is in response to heart, stroke and vascular disease. This consistently accounts for almost a guarter of all RFDS aeromedical retrievals.



Seeking to provide better understandings, additional data and proposed solutions to address this, we now release our first *Best for the Bush* 'In Focus' report, looking at heart, stroke and vascular disease and the disproportionate impacts for rural and remote Australia.



Rural and remote health snapshot

PEOPLE LIVING IN REMOTE AND VERY REMOTE AREAS

are overall

1.4 TIMES

AS LIKELY TO DIE FROM HEART, STROKE AND VASCULAR DISEASE.



HOSPITALISATION RATES

for heart, stroke and vascular disease

ARE 1.4 TIMES HIGHER FOR REMOTE AND VERY REMOTE POPULATIONS.



MORE THAN

1.2 MILLION PEOPLE

ARE LIVING WITH HEART, STROKE AND VASCULAR DISEASE



which contributes to A QUARTER OF ALL DEATHS.

TOP 3 REASONS FOR AEROMEDICAL RETRIEVAL BY THE RFDS



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.

ISCHAEMIC HEART DISEASE (CORONARY HEART DISEASE)



DEATHS FROM ISCHAEMIC HEART DISEASE



IN RURAL AND REMOTE AREAS.

INDIGENOUS PEOPLES

ARE 1.8 TIMES AS LIKELY TO BE HOSPITALISED



AND 1.8 TIMES AS LIKELY TO DIE

FROM HEART, STROKE AND VASCULAR DISEASE

as non-Indigenous Australians.



FOR STROKE CARE ONLY

3%

OF AUSTRALIANS WHO LIVE IN RURAL AND REMOTE AREAS



received care in a specialist stroke unit in 2021,

COMPARED TO

77% OF PEOPLE WHO LIVE IN MAJOR CITIES.





This new *Best for the Bush* In-Focus report shows that areas with the highest prevalence of risk factors, and the poorest access to comprehensive and targeted services for preventing and managing heart, stroke and vascular disease, correlate to areas where RFDS aeromedical retrievals are required to urgently transport people to necessary hospital care.

Longreach

Alice Springs



Flight path for RFDS aeromedical retrievals of patients with heart, stroke and vascular disease, by flight type, 1 January 2017 to 31 December 2021.

Rural and remote Australian communities worst affected by heart, stroke and vascular disease.



Modifiable risk factors associated with heart, stroke and vascular disease are found at higher rates in rural and remote areas. These include high blood pressure and cholesterol; poorer diets; lower rates of physical activity; overweight and obesity; and, higher rates of tobacco smoking and alcohol intake. These risk factors can be effectively managed through primary healthcare initiatives.

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



HOSPITALISED



1.9X

as likely to consume sugar sweetened drinks (daily)

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

MORE LIKELY TO BE HOSPITALISED FOR REASONS THAT ARE POTENTIALLY **PREVENTABLE**



1.6X

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

There is strong evidence that acute heart, stroke and vascular disease events are largely preventable, especially with early diagnosis and treatment. Primary healthcare is at the forefront of services to identify, prevent, and manage heart, stroke and vascular disease risk.

The further you are from our major cities the harder it is to access comprehensive primary healthcare.

Life Expectancy and Mortality Rates of Rural and Remote residents

compared to those in major cities.



Access to adequate or comprehensive primary healthcare is poor in many parts of rural, and particularly remote, Australia, and this impacts the prevention and management of heart, stroke and vascular disease for people living in these areas.

Heart, stroke and vascular disease rates worsen by remoteness and socioeconomic status and most aeromedical retrievals for heart, stroke, and vascular disease came from areas without healthcare service provision, including lack of cardiac services and chronic disease management.

Rural and remote communities need rural and remote solutions that are designed with local communities to respond to need.

The RFDS Best for the Bush In-Focus report seeks to provide the evidence for governments, service partners and communities to work together to deliver innovative, patient-centered solutions to solve these problems and ensure better health outcomes for our rural and remote communities.

Based on the findings of the **Best for the Bush In-Focus report**, the RFDS will work with governments, service providers, industry and communities on the following recommendations:



1. More equitable access to comprehensive primary healthcare services in rural and remote areas, including cardiac care. This includes primary prevention, secondary prevention and targeted management plans.



2. Support for funding and service models for heart, stroke and vascular disease prevention and management that are appropriate for the rural and remote context.



3. Better data collection and linkages to further understand the need in these areas.





To access the full *Best for the Bush* In-Focus Heart, Stroke and Vascular report, scan this QR code (QR code)