

Media Release 3 March 2016

Flying Doctor speaks at Inquiry on Chronic Disease Prevention

As a general rule, Australians living in remote and rural parts of the country experience poorer health than Australians living in major cities.

Health status declines with increasing remoteness. That is, those people who live in the most remote parts of Australia have the worst health.

On Friday 4 March, the Chief Executive Officer of the Royal Flying Doctor Service (RFDS), Martin Laverty presents at the Commonwealth House of Representatives Inquiry into Health *Health Status in remote and rural Australia*.

He will be detailing that remote and rural Australians experience higher levels of mortality and morbidity, as well as higher levels of health and disease risk factors.

- Life expectancy is at least 2.2 years less than for metropolitan residents;
- Life expectancy of Indigenous children is 10 years lower than for non-Indigenous children:
- Death rates in remote and rural areas are 35% higher than in metropolitan areas;
- Death rates from coronary heart disease alone in men living in remote or very remote areas are 1.3 times higher as compared to their metropolitan counterparts, and 1.2 times higher for women;
- Indigenous Australians are 3.3 times more likely to have diabetes than non-Indigenous Australians, and are 5 times more likely to die from endocrine conditions
- The incidence of cervical cancer, cancer of unknown primary site and lung cancer is 1.4 times higher in these areas; and,
- The five-year survival rate from all cancers is lower with increasing remoteness.

The RFDS seeks to resolve health disparities between Australians in remote and rural areas and those in cities, and disparities between Indigenous and non-Indigenous Australians.

Effective and sustainable improvement can only be achieved by addressing the social determinants impacting the health of rural Australians.

Secondly, there is still much to be done to increase the availability of comprehensive primary health care in remote and rural areas. Universal access to health services is a right of all Australians.





Health prevention and service initiatives must be targeted and appropriate for country Australia, particularly for Indigenous peoples. Not least, models of care must recognise that for Australians living in remote and regional areas, the distances to traditional healthcare are usually significant, making it impractical to travel to attend regularly.

Martin Laverty is available for comment and interview from 2.20pm at ***, and media is also invited to the RFDS Adelaide aerobase for a tour ***

Media Contact: Lana Mitchell Email: Lana.mitchell@rfds.org.au

Ph: 02 6269 5505, Mobile: 0401 946 282

Media Backgrounder

RFDS MISSION: To provide excellence in aeromedical and primary health care across Australia

WHAT WE DO:

Medical Evacuations – 24-hour aeromedical emergency services

GP & Nurse Clinics – Regular fly-in fly-out GP, nursing and allied health clinics

Telehealth – Over the phone medical assistance or advice from an RFDS doctor

Dental Care – Oral health services on a fly-in fly-out or mobile basis

Mental Health – Provision of mental health services in Qld, NSW and Central Australia

Health Education – Programs which help get exercise and nutritional education adopted

Patient Transfers - Inter-hospital transfers by both air and road

Research – Provision of rural health service information and statistics

HISTORY: More than 100 years ago Reverend John Flynn witnessed the struggle of pioneers living in remote areas and recognised the need for medical services in the outback. He launched the first aero-medical service in 1928 in Queensland, which flew 20,000 miles in its first year of operation.

Since then the RFDS has grown into the largest aeromedical organisation in the world with a fleet of 66 aircraft, 23 aero-bases, 48 road patient vehicles, and a waiting room spanning 71.6 million square kilometres.

Although the Flying Doctor is best known for emergency retrieval work, the delivery of vital primary healthcare services has become a key focus for the RFDS in the 21st century.





Using the latest in aviation, communications

medical and technology, the Flying

Doctor delivers primary healthcare and 24-hour emergency services to those who live, work and travel in rural and remote Australia, with over 290,000 patient contacts in the last year.

ORGANISATIONAL STRUCTURE

The Royal Flying Doctor Service is comprised of seven organisations, called Sections or Operations, working around Australia and under a federated structure. These are the Queensland Section, South Eastern Section, Victorian Section, Tasmanian Section, Central Operations and Western Operations.

The Royal Flying Doctor Service of Australia is located in Canberra and works closely with government and industry, while also conducting research into national rural health issues.

The RFDS is a charity, registered with and regulated by the Australian Charities and Notfor-profit Commission.

