



# 2016 FEDERAL ELECTION AN OPPORTUNITY TO IMPROVE REMOTE AND RURAL HEALTH

The Royal Flying Doctor Service of Australia (RFDS) is non-political. It has not before made an election campaign request.

2016 is different.

Because remote and rural Australians have up to three times the prevalence of avoidable chronic illness than people in cities, because they see doctors at half the rate of people in cities, and because they face an average two years shorter life expectancy than people in cities, the RFDS during the 2016 Federal Election Campaign sees little choice but to seek a commitment from all hoping to be elected to the House of Representatives and the Senate. We are requesting that they will, if privileged to be elected, use the next term of the Commonwealth Parliament to achieve improvements in the health and wellbeing of remote and rural Australians.

Specifically, the RFDS seeks a commitment from all seeking election to the House of Representatives and the Senate that they will, if elected:



**1**

Establish and conduct an **inquiry** in a non-partisan manner leading to recommendations to improve health outcomes for remote and rural Australians.



**2**

Establish a Remote and Rural Dental Outreach **program** to enable better access to dentistry and oral health in underserved parts of remote and rural Australia.

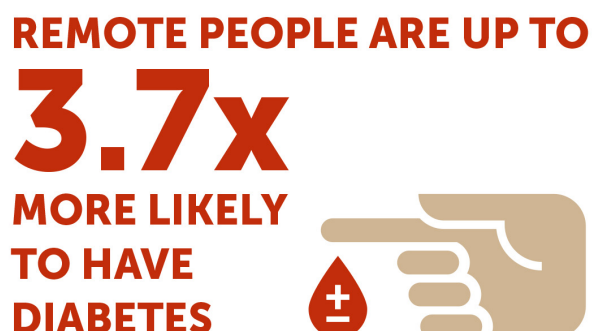


**3**

Task the Council of Australian Governments to develop and commit **resourcing** to a national injury prevention and safety promotion plan that includes remote and rural Australians as a priority group.

## The health of remote and rural Australians

Remote and rural Australians experience poorer health than people living in major cities. For people in remote and rural areas as compared to metropolitan areas:



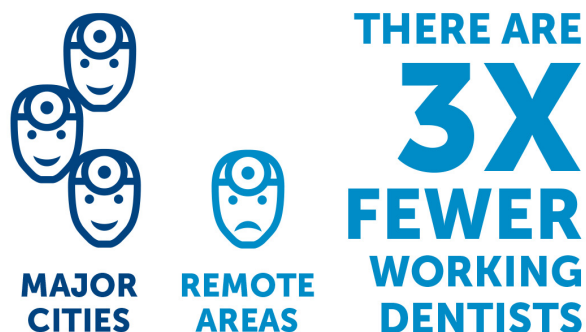
**ACUTE HOSPITAL**  
**EXPENDITURE IS**  
**ALMOST DOUBLE**



**UP TO DOUBLE THE**  
**NUMBER OF BABIES BORN**  
**IN REMOTE AREAS HAVE**  
**LOW BIRTH**  
**WEIGHTS**



**HOSPITALISATION RATES**  
**ARE UP TO**  
**55%**  
**HIGHER**



**REMOTE PEOPLE ARE**  
**TWICE AS LIKELY**  
**TO DIE FROM OR**  
**BE HOSPITALISED**  
**FOR AN**  
**INJURY**



Efforts to ensure that remote and rural Australians have adequate access to appropriate and comprehensive health services in order to ease the current disparity in health outcomes is considered a key priority in the 2016 Federal Election.

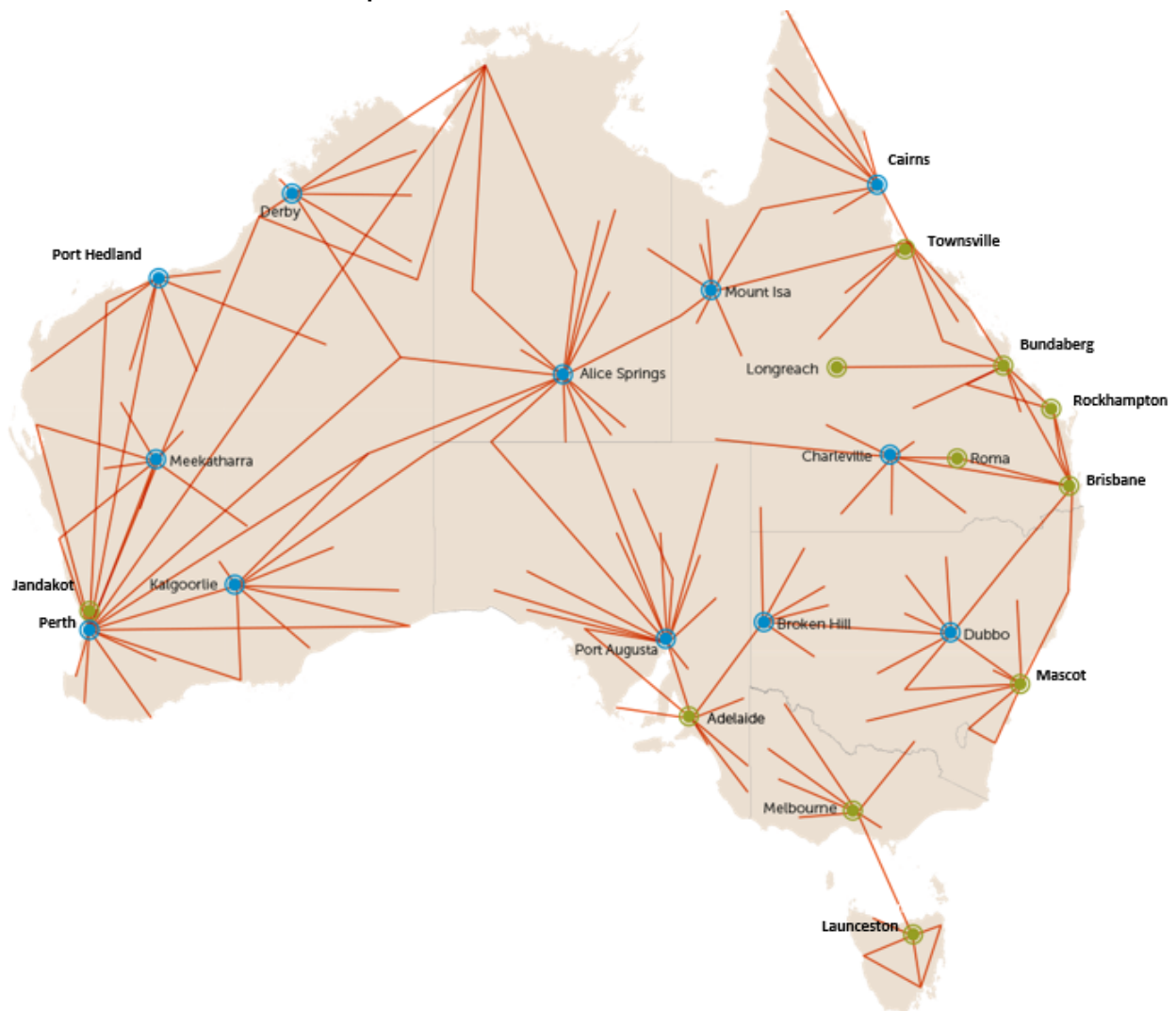
## The Flying Doctor

The RFDS has been providing aeromedical and primary health care services to remote and rural areas for almost 88 years.

Today, the RFDS has a fleet of 68 aircraft at 23 aviation bases around the country, providing aeromedical retrieval services and regular primary healthcare to remote and rural areas where there are no, or few, other health services available. These services are supported by a medical telehealth service and supplemented by emergency and non-emergency patient ground transport services.

In 2014-15, the RFDS had over 292,000 patient contacts, providing almost 65,000 aeromedical flights, 15,000 primary healthcare clinics and almost 93,000 telehealth consultations.

### RFDS national aeromedical footprint





# 1 Inquiry to improve health outcomes for remote and rural Australians

## VISITED A DENTIST IN THE LAST YEAR



Six in ten major city adults visited a dentist in a year, compared to little more than four in ten visiting a dentist in remote areas.

## MALE SUICIDE RATES



Suicide rates amongst men are 1.8 and 2.9 times higher in remote and very remote areas (respectively) compared to men in major cities.

## ROAD FATALITIES



Although more than two thirds of Australia's population live in major cities, more than half of all road fatalities occur on rural and remote roads.

## The challenge

Remote and rural Australians have up to 3 times the prevalence of avoidable chronic illness compared to people in cities. They see doctors at half the rate of people in the city, and face an average 2 years shorter life expectancy than people in the city. This disparity in health outcomes between city and bush is often commented on. In recent years, there has been no concerted effort to address the disparity. Effort is needed.

## Action during the life of the next Parliament

The RFDS recommends a significant, far reaching inquiry be established to make recommendations for Government to improve the health outcomes of people in remote and rural Australia. Ideally, the inquiry would be conducted in a non-partisan manner, and the Government elected at the 2016 Federal Election will commit to implementing its recommendations. The inquiry's terms of reference should assess and make long term recommendations in response to:

- > Evidence of the health status of remote and rural Australians, with a particular focus on preventable disease and avoidable hospitalisations;
- > The efficacy of disease prevention programs in remote and rural Australia;
- > Access barriers to health care services, including medical, oral, mental health, allied health, and preventive health services by residents of remote and rural Australia;
- > Options for better coordination of health care services in remote and rural Australia, including Commonwealth-State Government service interaction.

## 2 Oral Health

### UNTREATED TOOTH DECAY



A quarter (23%) of adults in major cities have untreated tooth decay, but this rises to one third (37%) of remote area residents.

### CHILDREN IN REMOTE AREAS HAVE 2X MORE TEETH FILLED

The number of filled teeth in remote area children is double than for children in major cities.



### CHILDHOOD CAVITY RATES



Childhood cavities are 55% higher for remote area children than children in major cities.

### The challenge

Remote and rural Australians have poorer oral health than those in major cities, with the disparity in oral health outcomes directly related to disparities in the accessibility of dental care in these areas.

- > More than one-third of remote area residents are living with untreated decay, compared with 23% in major cities.
- > Similarly, more than one-third of people in remote areas have gum disease, compared with 22% in metropolitan areas.
- > Dental decay is up to 55% more likely for remote area children than children in major cities.
- > Children in remote areas have double the number of filled teeth than those in metropolitan areas.
- > Only 4 in 10 Australian adults in remote areas visited a dentist in a year, compared with over 6 in 10 in major cities.
- > When people from remote areas visit the dentist, they are more likely to require acute intervention – 1 in 3 had a tooth extraction in a year, compared with less than 1 in 10 in metropolitan areas.
- > Access to dental services is limited by the availability of dental professionals in remote areas. While there are more than 72 dentists per 100,000 people in major cities, there are less than 23 per 100,000 people in remote areas.

### Action during the life of the next Parliament

To respond to the poorer oral health of remote and rural Australians and maldistribution of the dental health workforce, the RFDS recommends that during the life of the next Parliament a Remote and Rural Dental Outreach Program be established to facilitate national and equitable access for people in remote and very remote areas, including through innovative service models where low populations mean it is unviable for permanent services to exist.

This program should be further supported by:

- > Commonwealth, state and territory governments developing comprehensive, whole of population, oral health plans that include remote and rural populations as a priority group and focus on evidence based strategies;
- > Ensuring services are accessible, affordable, culturally appropriate and well-resourced by government.

# 3 Injuries



## TWO-THIRDS OF DROWNINGS OCCURRED IN COUNTRY AUSTRALIA

Last year 271 people drowned in Australia – with a disproportionate two-thirds of drownings occurring in rural and remote areas.



## MORE LIKELY TO DIE FROM ACCIDENTAL POISONING

Death rates from poisoning are 3.5 times higher in remote and 2.5 times higher in very remote areas, than in major cities.

## INJURY DEATHS FROM ASSAULT



Australians in remote areas are 3.8 times more likely to die from an injury caused by assault. Australians in very remote areas are 4.2 times more likely.

## The challenge

Injuries have a significant impact on the health of Australians and are a leading cause of premature and preventable deaths and ill-health.

- > Across almost every category of intentional and non-intentional injuries, incidence rates and associated death rates are higher in remote and rural areas.
- > 1 in 5 of the almost 65,000 aeromedical retrievals carried out by the RFDS in 2014-2015 was in response to an injury.
- > People living in remote and rural Australia are twice as likely to die from, or be hospitalised for, an injury as Australians in major cities.
- > There are 9 times as many workplace injuries among farm workers than for any other industry.
- > Two thirds of all drownings occurred in remote and rural Australia, despite only one-third of Australia's population living in these areas.
- > Death rates from poisoning are 3.5 times higher in remote and 2.5 times higher in very remote areas than in major cities.
- > More than half of all road fatalities occur on rural and remote roads.
- > 3 times as many Indigenous deaths result from injuries compared to death caused by injuries for non-Indigenous Australians.

## Action during the life of the next Parliament

There is no current national accident and injury prevention plan. The RFDS recommends that:

- > The Council of Australian Governments develop and commit to resourcing a new national injury prevention and safety promotion plan, that includes remote and rural Australians as a priority group and identifies particular risk factors;
- > As part of a new plan, targeted and evidence-based intervention strategies are developed for population groups most impacted by injuries;
- > The new plan sets measurable targets to achieve over the life of the plan, including that there is no disparity in the rates of injury or injury-related deaths between remote and rural Australians and their major city counterparts, and no disparity between Indigenous and non-Indigenous Australians;
- > The new plan focuses on, and provides investment for, better data linkage throughout the health system, with other sectors, and across state and territory boundaries,
- > Governments continue to invest in equity of access to health care to adequately respond to injury where few or no permanent services exist.

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