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Preventive health inequities in regional and remote communities

Background

The National Preventive Health Strategy identifies people living in rural, regional and remote Australia as a priority population.¹ Regional areas are places outside major cities characterised by smaller populations, rural settings, and often a focus on industries like agriculture and mining.² Socially determined health inequities faced by those living in these areas are well documented, particularly among Aboriginal and Torres Strait Islander peoples.³ At a national level, health inequities are a major underlying cause of premature mortality, chronic disease, and avoidable hospitalisations; for those in regional areas, mortality rates and rates of potentially avoidable deaths are higher compared to those living in major cities.⁴

The higher likelihood of developing chronic diseases is attributed to health risk factors. National data indicate that people living in both inner regional and outer regional areas were more likely to engage in risky behaviours, such as tobacco smoking, alcohol consumption at harmful levels, and low levels of physical activity, compared with their urban counterparts.⁴ Higher prevalence of multiple risk factors is also reflected in South Australian data, where overall self-assessed health is correspondingly poorer for those living outside of Adelaide.⁵ Residents in regional SA are less likely to undertake important preventive screening such as cervical cancer screening. Stark health inequities are also evident amongst children and youth – for example children are less likely to be fully immunised at any age and there is a significantly higher standardized ratio of youth mortality for those aged 15-24 living outside of metropolitan Adelaide (140.5 cf. 82.7).⁵

Drivers of health inequities in regional South Australia

Regional and remote communities often face additional health-related challenges because of their location. Disparities in service provision mean that many communities do not receive the same level of care as metropolitan communities, and their health is therefore compromised and/or they are required to travel further and spend more to access services. However, regional health inequities are also underscored by broader determinants of health and the cumulative impact of multiple forms of disadvantage including poverty, housing stress, racism, and less opportunities for education and employment.^{3,6} Our consultations with regional communities have highlighted several areas of concern, including inadequate access to timely, affordable and

¹ https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

² Productivity Commission, 2017. Transitioning Regional Economies Study Report <https://www.pc.gov.au/inquiries-and-research/transitioning-regions/>

³ Flavel, J., Kedzior, S.G., Isaac, V., Cameron, D. and Baum, F., 2024. Regional health inequalities in Australia and social determinants of health: analysis of trends and distribution by remoteness. *Rural and Remote Health*, 24(1), pp.1-11.

⁴ AIHW, 2024. Rural and remote health. <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

⁵ Public Health Information Development Unit (PHIDU), 2024. Social health atlas of Australia: South Australia – local government area of residence (online). Torrens University Australia.

⁶ AIHW, 2023. Rural and remote Australians. <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>

accessible primary healthcare services, transport and digital access issues, and workforce shortages and their drivers (e.g. lack of housing and childcare).

Accessibility of primary healthcare

Primary health care facilities offer important preventive health care services, including immunisation, screening, targeted health promotion, and early intervention around mental health concerns. However, regional areas continue to face inequities in access to primary care, which impedes people's ability to engage in upstream measures. This means people get sicker, requiring more expensive and often more invasive hospital care in the future. A high proportion of people in regional areas stated they waited too long for a GP appointment⁷ and some patients reported to us that they forwent preventive health checks. Lack of culturally appropriate care, e.g. being able to see a female doctor for women's health concerns or an Aboriginal health worker, also emerged as an issue. The mental health care workforce is in short supply, resulting in some patients not receiving early care, feeling pushed into telehealth appointments, or missing opportunities for rehabilitation despite treatment readiness. Stretched perinatal services can also contribute to delayed developmental checks for children and decreased access to early intervention supports.

Transport

Transport barriers in regional and remote communities can have a detrimental impact on timely access to appropriate health and social care services, with broader implications for employment, education, and community participation. An overreliance on private vehicles with often insufficient public transport alternatives, and poor connectivity between regional centres and smaller towns, can limit access to essential services. There are also multiple eligibility and access barriers in the Patient Assisted Transport Scheme (PATS), which means that communities face considerable out-of-pocket costs, perpetuating inequities.⁸ High transport costs also translate to higher costs of healthier foods which impact on people's ability to achieve a healthy diet. Fresh fruit, vegetables and wholegrain bread are sometimes more than 30% higher in regional, rural and remote areas than in major Australian cities⁹ and rates of food insecurity are also higher.¹⁰

Digital exclusion

People from regional and remote Australia are more likely to use digital health services than those in major cities because of their location. While for many this can increase access to services, the benefits of virtual care are not evenly distributed across social groups. Virtual care can exacerbate health inequities by excluding people who do not have internet access, access to digital devices or who cannot afford mobile data. Beyond geographical barriers to access, virtual care can magnify other considerations that compound inequalities such as socio-economic disadvantage, lower digital and health literacy, age, gender, and ethnic and/or cultural identities.¹¹ For example, community members might not be able to access online services with a language interpreter.

⁷ Health Performance Council, 2023. Monitoring the performance of the South Australian health system 2018-19 to 2021-22 4-yearly indicator report to the South Australian Minister for Health and Wellbeing.

⁸ Kelly, L., 2024. The urgent need for equity in patient assistance travel schemes. *The Australian Journal of Rural Health*, online.

⁹ https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

¹⁰ Australian Institute of Family Studies, 2020. Understanding food insecurity in Australia. [https://aifs.gov.au/resources/policy-and-practice-papers/understanding-food-insecurity-australia#:~:text=Foodbank%20\(2018a\)%20estimates%20those%20in,income%20to%20afford%20healthy%20food](https://aifs.gov.au/resources/policy-and-practice-papers/understanding-food-insecurity-australia#:~:text=Foodbank%20(2018a)%20estimates%20those%20in,income%20to%20afford%20healthy%20food)

¹¹ Alami, H., Lehoux, P., Shaw, S.E., Papoutsis, C., Rybczynska-Bunt, S. and Fortin, J.P., 2022. Virtual care and the inverse care law: Implications for policy, practice, research, public and patients. *International Journal of Environmental Research and Public Health*, 19(17).

Housing

A home that is affordable and has security of tenure is protective of health.¹² Our analysis shows that while there are fewer rental households in regional South Australia than in Adelaide (both proportionately and absolutely) and while regional rental prices are generally lower than in the capital, there are still significant problems with rental availability and affordability across these areas.¹³ For those on very low incomes, rents in regional areas are unaffordable. Our consultations highlight homelessness as a rising issue, particularly for women and children experiencing domestic, family and sexual violence, and in some regions the high numbers of short-term rental properties reduce availability of long-term rental options.

Childcare

Lack of childcare options in regional SA has far reaching effects - reducing the ability of mothers to rejoin the workforce and acting as a disincentive for other families to relocate. With limited family day care places available, many families are forced to face lengthy commutes and/or rely on informal care arrangements. Childcare deserts exacerbate health inequities as they disproportionately affect vulnerable children, who are less likely to have access to quality early childhood services¹⁴ and who face a higher immediate and future burden of disease and poorer health outcomes.¹⁵

Workforce shortages

While comprehensive primary healthcare requires the supply of an appropriately trained workforce and adequate numbers of workers to deliver quality care, our consultations highlight a shortage of community, social and health workers (especially GPs, mental health and allied health workers) to meet overwhelming demand. In addition to lack of housing, childcare and transport, high and stressful workloads act as a disincentive for staff recruitment in regional areas. The increased complexity of work, with a reduced workforce, also increases risk of burn out.

Policy recommendations

SACOSS's focus remains on the early intervention and preventive health policies that can lessen the burden of ill health and support the wellbeing of South Australians living in regional and remote areas. We call for ongoing and sustained investment in:

Action on broader determinants of health aimed at improving living and working conditions and reducing poverty across regional areas. For example:

- Housing policies to ensure housing is available, affordable, thermally efficient and culturally appropriate, including provision of secure public and social housing and regulation of short-term rentals where this is deemed to be a local issue.
- Improving public and community transport services and expanding existing supports (e.g. PATS) to reduce financial and other access barriers to health and social services.
- Increasing infrastructure for early learning and childcare services.
- Initiatives that facilitate meaningful education, training and employment pathways.

¹² Flavel, J., Kedzior, S.G., Isaac, V., Cameron, D. and Baum, F., 2024. Regional health inequalities in Australia and social determinants of health: analysis of trends and distribution by remoteness. *Rural and Remote Health*, 24(1), pp.1-11.

¹³ <https://sacoss.org.au/wp-content/uploads/2024/05/230726-SACOSS-No.-54-June-Quarter-2023-%E2%80%93-Regional-Rental-Affordability.pdf>

¹⁴ Van Eyk, H, Baum, F, Fisher, M, Macdougall, C, Lawless, A, 2023. To what extent does early childhood education policy in Australia recognise and propose action on the social determinants of health and health equity? *Journal of Social Policy*, 52(3), pp. 495-519.

¹⁵ Irwin, L.G., Siddiqi, A. and Hertzman, G., 2007. *Early child development: A powerful equalizer*. Vancouver, BC: Human Early Learning Partnership (HELP).

Regional workforce planning and support, including:

- Regional strategies to attract, train and retain health and social service professionals which may include increasing access to post-secondary training opportunities and reviewing barriers to recruitment of a migrant workforce.
- Consideration of alternative support mechanisms to alleviate pressure on GPs through innovative models of care– e.g. funding wider multidisciplinary workforce roles commissioned by PHNs, spanning clinical, professional and lay health workers to address chronic disease and preventive health.

Adoption of community health models:

While the Australian health system continues to be dominated by a biomedical model, community models that take a social view of health are better placed to enhance equity of access to preventive health by addressing complex and interrelated circumstances that drive inequities. Examples include:

- Expansion of low barrier mental health supports delivered through local community services who have deep community ties and trusted relationships, e.g. AOD counselling, mental health peer worker programs and harm reduction initiatives.
- Comprehensive primary healthcare centres or hubs that emphasise collaboration with local services and health promotion initiatives that build community capacity to prevent disease, with the inclusion of community health workers.¹⁶ Aboriginal Community Controlled Health Organisations (ACCHOs) serve as a longstanding and successful example of holistic models that provide clinical care in addition to brokering and facilitating social and cultural connections with a range of services (e.g. housing, education, legal aid) to address determinants of health in empowering ways. Culturally safe non-clinical health promotion, navigation and advocacy is often delivered through Aboriginal Health Workers (AHWs). However, in Australia there is currently limited use of community health workers outside of AHWs. The Victorian community health model¹⁷ also emphasises a more flexible, holistic approach with registered community health services.
- Social prescribing models which embed non-clinical link workers into existing community amenities or primary healthcare services also seek to address health concerns in the local community by linking people to relevant programs, as well as facilitating connections with a range of other services that promote wellbeing. These models are shown to benefit communities experiencing disadvantage, including those with chronic health conditions and groups who are vulnerable because of their financial situation.¹⁸
- Integration of co-design principles into planning community-led initiatives that prioritise local perspectives, through strengthening partnerships with the community and social services sector, local government and community groups.

¹⁶ Baum, F. and Freeman, T., 2021. Why community health systems have not flourished in high income countries: what the Australian experience tells us. *International Journal of Health Policy and Management*, 11(1).

¹⁷ Lewis, V., Macmillan, J., McBride, T. and Legge, D., 2025. Community health in Victoria: a history of challenges, adaptations and potential. *Australian Journal of Primary Health*, 31(2).

¹⁸ WHO, 2022. A toolkit on how to implement social prescribing. Manila: World Health Organization Regional Office for the Western Pacific; 2022. Available from: <https://www.who.int/publications/i/item/9789290619765>