



## HEALTH AND WELLBEING IN RURAL AREAS: PROBLEMS AND SOLUTIONS

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### Summary

The document that follows overviews information that shows trends for worse health in regional and rural areas of Australia. The document presents a brief summary of evidence based prevention and early intervention strategies that involve local communities in improving health in regional and rural areas.

### Introduction

As is the case internationally, Australia is undergoing a continuing trend toward urbanisation. In 2012 only 31% of the Australian population lived outside the capital cities (Australian Institute of Health and Welfare, 1998). Reasons for people moving from the rural and regional areas into the urban centres include: the urbanisation of employment opportunities; education; and ageing and retirement.

Population mobility partly explains an increasing gap in health status whereby people living in the rural and regional areas have worse health on a range of indicators relative to their same-aged urban peers. In the report that follows we summarise a range of information on health trends outside of the urban centres and then examine potential strategies for advancing health in these areas.

### People in rural and regional areas have worse health on a number of indicators

After adjusting for factors such as age, gender and socioeconomic status, people in rural and regional areas have worse health on a number of indicators. Compared to people in urban areas people in regional and remote areas of Australia have: double the rate of injuries; higher rates of chronic diseases such as asthma, diabetes, cardiovascular illness, and obesity; and lower preventative health coverage in areas such as fluoride, cancer screening,

and vaccinations (Australian Institute of Health and Welfare, 2012). People in rural and remote areas have similar mental health problems but less access to services hence experience problems for longer and with greater burden (National Rural Health Alliance, 2009).

### Higher rates of health compromising behaviour partly explain the health disadvantage experienced in regional and rural areas

Tobacco and alcohol misuse are amongst the most important preventable health behaviours contributing to future health problems in the Australian population. In recent years there has been considerable effort and some progress in reducing national rates of tobacco and alcohol misuse. However, progress has been slower in rural and regional areas.

In 1983 over one third (35%) of Australian adults (18+) described themselves as “current smokers”. Over the subsequent decades considerable progress was made in encouraging Australians to quit. By 2010 the national smoking rate had fallen to 20%. However, regional areas lagged behind by at least a decade with rates of 28% smoking in 2010 similar to Australia’s rate in 1989.

(See Table 1.3.1. [www.tobaccoinaustralia.org.au/1-3-prevalence-of-smoking-adults](http://www.tobaccoinaustralia.org.au/1-3-prevalence-of-smoking-adults))

Rates of alcohol use have been gradually falling in Australia. Daily use of alcohol can indicate potential problems with alcohol dependence. In 1991 over 10% of Australian adults were daily alcohol users. Ten years later in 2010 the rate had fallen to 7% (Australian Institute of Health and Welfare, 2011). Regional areas are making less progress in reducing alcohol misuse. In 2012 the rates of adult binge drinking (5 or more drinks in a session) were higher in regional areas (26%) compared to major cities (15%) (Australian Institute of Health and Welfare, 2012).

### **Health compromising behaviour problems in regional and rural areas can be traced back to problems in child rearing practices**

Secondary school age children in non-metropolitan areas of Victoria are 31% more likely to use alcohol, cigarettes and illicit drugs compared to their urban counterparts (Coomber et al, 2011). In a statewide study across Victoria in 2010 school completion rates were 37% lower in regional and 47% lower in rural areas compared to urban areas (Moorfoot, Leung, Toumbourou & Catalano, 2015). Children in rural and regional areas have more problems as they enter school. Based on a national survey in 2009 using teacher reports of the Australian Early Development Index 22% of children had one or more problems as they entered schools in the urban areas while 48% had problems in the very remote areas (Australian Institute of Health and Welfare, 2012).

Adding to these problems, rates of overweight and obesity among rural and remote children are greater than their urban peers. The latest national figures show that the proportion of overweight and obesity among children aged between two and 15 years living in major cities was 24.6%, inner regional was 25.3% and outer regional/remote 27.9% (Australian Bureau of Statistics, 2013). Recognition, treatment and prevention of overweight and obesity is important as this condition has been linked with many negative health outcomes among children including type-2-diabetes, coronary heart disease, sleep, dental, psychological and social problems (Hooley, Skouteris & Millar, 2012; Pulgaron, 2013).

### **What are the solutions to reducing rural and regional health disadvantage?**

Solutions need to be evidence – based and feasible. The present document does not present a comprehensive overview. In what follows we summarise three initiatives that involve prevention and early intervention and that are premised on local community involvement.

One potential solution would be to increase evidence-based preventative health programs to ensure that children and young people in rural and regional areas do not develop health compromising behaviours. Communities That Care Ltd is a not-for-profit training and consulting company formed through a collaboration

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between the Royal Children's Hospital and the Rotary Club of Melbourne with the objective of implementing, evaluating and disseminating strategies for building community prevention capacity in Australia. The company works in metropolitan and rural and regional areas to build community capacity to ensure local services promote the healthy development of children and young people. The Communities That Care process is an effective method for reducing childhood smoking, alcohol, drug use and behaviour problems (Hawkins et al, 2009; Williams et al, 2012) and has also been shown to improve indicators of school progress at a municipal level.

Community capacity building was also a feature of successful obesity prevention efforts (Millar et al, 2012). It was incorporated into all the community-based interventions that were set in the Barwon South West area of Victoria and founded by the World Health Organisation for Obesity Prevention at Deakin University. The South West Barwon area has been the sentinel site for community-based obesity prevention trials in Victoria. The communities in this area have co-developed and implemented successful initiatives among the pre-school, primary and secondary school children. All these projects recognised the complexity of obesity prevention and the systems impacting on obesity were addressed through multi-focused, multi-level interventions that targeted multiple behaviours (de Siva et al, 2010; Millar et al, 2011; Sanigorski et al, 2008). Another necessary ingredient was that the intervention priorities and strategies were developed in conjunction with the local communities to ensure they were relevant and feasible. All the successful efforts involved committed partnerships between community groups the university and relevant organisations.

It is also possible to implement evidence based models to improve health behaviours for adults in rural and regional areas. Sustainable Farm Families (<http://www.farmerhealth.org.au/sff/>) is an example of an effective health promotion model that has been designed to be delivered through outreach to farm families. The program was developed to be: feasible in rural industries; and a flexible model that can address a range of issues (injury prevention behaviour, obesity, mental health and other outcomes). The program has been evaluated and shown to be effective. The model has been used as a train-the-trainer model and in outreach for family case work.

## Conclusion

The information presented above reveals people living in regional and rural areas experience health disadvantages across a range of indicators. Examples of evidence-based preventative and early intervention strategies were outlined. These examples suggest that, with government support, local communities can effectively contribute to improving health in regional and rural areas.

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