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INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: NSW Rural Health Research Alliance

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Dr Alexandre Stephens
Chair, NSW Rural Health Research Alliance
Director of Research, Northern NSW Local Health District
Locked Mail Bag 11, Lismore NSW 2480, Australia

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NSW Legislative Council Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Submission on behalf of the NSW Rural Health Research Alliance

About the NSW Rural Health Research Alliance

The NSW Rural Health Research Alliance (the Alliance) was formed in May 2018 to support the generation and use of robust research evidence to enhance the quality of life and improve the delivery of health services in rural, regional and remote communities in NSW. The Alliance is a collaboration of the seven rural NSW Local Health Districts (LHDs), which work together to develop and implement key strategies to help build health research capability and share research knowledge in rural, regional and remote NSW. Funding for the Alliance (supporting an Executive Officer) was provided through the Research Hub Strategy managed by the NSW Office for Health and Medical Research (OHMR). The Alliance was the only multi-entity program within the Hub strategy and also the sole research hub that specifically targeted rural health. The Alliance is strongly supported by the rural LHD Chief Executives. Funding for all Hub activities, including the Alliance, was ceased by the OHMR in mid-2020. As of the date of this letter, no alternative funding to support a formal rural health and medical research network, and the consolidated vision of the Alliance, has been forthcoming, despite numerous formal approaches from the Alliance to the NSW OHMR.

Markedly poorer health in regional and remote areas requires attention and resources

It is well established that people living in rural, regional and remote areas experience poorer health. This manifests in many ways, including markedly higher rates of health service use, morbidity and mortality. For example, in 2017-18, people living in Remote and Very Remote areas of Australia were hospitalised at nearly 1.3 times and twice the rate of those living in Major Cities, respectively.

Worryingly, these higher rates of hospitalisation encompass a suite of conditions acknowledged to be potentially preventable, including acute, chronic and vaccine preventable conditions.[1]

Rural Australians also have higher mortality rates, sometimes over twice that of metropolitan counterparts for key causes of death, such as cardiovascular disease, diabetes, respiratory disease and cancer.[1] In 2017-18, deaths due to diabetes, suicide, land transport accidents and liver disease were all more than 1.5 times greater in Remote and Very Remote areas compared to Major Cities. Linked to this poorer health and higher mortality are major differences in estimates of life expectancy, with people residing in regional and remote areas of Australia living shorter lives than metropolitan residents by up to 5 years.[1]

A suite of health risk factors associated with developing disease and poor health, many of which are considered modifiable, are worse in rural areas. In 2017-18, the percentages of the population smoking and consuming alcohol to levels exceeding recommended guidelines were significantly higher in regional and remote areas. Overweight and obesity, which is a widespread problem spanning all geographical areas, was still worse in regional and remote areas compared Major Cities. Consumption of sugar sweetened drinks and inadequate intake of fruit were also poorer in regional and remote areas.[1]

In NSW, the trends and patterns of inequalities in life expectancy by remoteness are similar to Australia as a whole. In 2018, estimates of life expectancy for those living in Major Cities were 85.7 years and 81.6 years for females and males, respectively. In contrast, estimates were 82.6 and 76.6 years for females and males, respectively, in remote areas, representing differences of approximately 3-years for females and 5-years for males.[2] These differences are striking. The scientific evidence suggests a key role for socioeconomic status (SES) in explaining these inequalities. Research investigating differences in life expectancy by remoteness demonstrated that, once SES was adjusted for, inequalities between metropolitan and rural areas were minimal, highlighting the key role of SES and the broader concept of social determinants of health in explaining health inequalities.[3] Importantly, such findings highlight the need to better respond to social determinants to improve inequalities, and reveals the immense opportunity for governments, health departments, health agencies and the many other sectors, such as education, transport, law enforcement and employment, to develop a coordinated and strategic approach to systematically address social determinants to improve health and wellbeing of our most disadvantaged communities.[4–6]

While it is important to know the magnitude of life expectancy differences between rural and metropolitan NSW, it is equally important to understand what conditions explain these differences. Decomposing life expectancy inequalities across the SES gradient provides an insight. A study

exploring this revealed common causes of death explained the largest proportions of life expectancy differences,[7] which suggests that people living in rural areas are, in general, dying from the same causes as metropolitan NSW, but earlier in life. The research also highlighted injury as an important contributor to decreased life expectancy in disadvantaged areas; a finding that was exacerbated by remoteness. This finding is consistent with the markedly higher rates of injuries in regional and remote areas of NSW. If we focus on this, in 2018-19, age and sex standardised rates of injury in NSW were higher in Outer Regional and Remote areas at 2327.7 per 100,000 and compared to Major City area at 2122.4 per 100,000.[2] Central to these higher rates of injury are the strikingly higher burdens of injury due to transport accidents (303.9 vs 143.7 per 100,000) and self-harm (119.3 vs 80.4 per 100,000) in rural versus metropolitan areas. These same differences extend to deaths due to transport accidents (12.6 vs 3.0 per 100,000) and suicide (17.1 vs 9.5 per 100,000), which are also distinctly higher in rural versus metropolitan NSW (2018-19 data).[2]

Another key contributing factor to the differences in health and wellbeing between rural and metropolitan NSW is population age. Current estimated residential populations place those aged 65 years or more as accounting for approximately 13% of the total population in the Greater Sydney Region (GSR) and 20% outside of this. By 2041, these percentages are estimated to be approximately 18% in the GSR and 28% in the rest of NSW. Remarkably, 88% of the total population growth expected by 2041 in regions outside of the GSR is predicted to be accounted by those aged 65 years and above.[8] This will have serious implications for the future of health care, and how health services are planned and delivered, given the central role age plays in determining health and disease, and the fact that those aged 65 years and above are major contributors to emergency department presentations and hospitalisations each year.[2] The disproportionate growth in older age groups in rural areas raises the question of whether health services and systems can evolve at the pace required to cater for the estimated increased health care needs of older people. If systems fail to develop adequately, there is a real risk that health care demand will become unsustainable.

It is hard to ignore the poorer health risk factors of people living in regional and remote areas as main contributors to reduced life expectancy, which, again, points towards tangible areas that could be targeted to improve health and wellbeing and lessen inequalities. Crucially, there is now incontrovertible evidence linking societal structures, power imbalances, resources, wealth, income and ability to influence, broadly captured by the larger domain of social determinants of health, as key factors explaining the poorer health experienced by less fortunate and disadvantaged individuals, particularly those trapped in the vicious cycle of intergenerational disadvantage.[4–6]

A consequence of poorer health is the greater need for health care. Ironically, people living in rural areas, particularly, Remote and Very Remote areas, experience the poorest access to health care, and

face significant barriers in accessing primary and specialist care.[1] This only serves to compound the disadvantage, continuing to fuel inequalities. Central to this lack of access to care is the reliance on hospital and health service emergency departments (EDs) to provide care for low acuity or General Practice-type conditions. In NSW, this is reflected by the distinctly higher rates of low acuity presentations to EDs in rural areas [9] and is likely to be a major contributor to the overall higher rates of ED presentations on a per capital basis observed in rural NSW relative to metropolitan areas.[10] This research highlights the crucial role NSW Local Health Districts play in responding to and supporting the health care needs of those living in rural areas.[1,10] It also highlights the need to consider alternatives to acute healthcare services to not overburden them and cater for multi-sectoral solutions.

The role that context-specific rural research can play by providing timely and relevant evidence-based information to address the aforementioned issues cannot be overstated. Currently, there is a significant focus on supporting and expanding clinical trials within the state, including in rural areas. While this is to be applauded, such a medical model focus on treatment efficacy, options and modalities, will not impact to any significant degree on the underpinning social determinants of health that are the root cause of the health differentials for rural/remote communities. The pivot point to address these determinants, in our view, is long term and sustained support for rurally based population health and health services research.

Thank you for the opportunity to contribute.

Sincerely,

Dr Alexandre Stephens
Chair, NSW Rural Health Research Alliance

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