Rural Health in Australia

Activity Guideline

Note: This activity is not definitive. It is designed to act as a starting point and to trigger ideas that will allow a customised discussion to develop. Content, resources and examples are based on the best available information at the time of writing and may benefit from augmentation.

Specifications

Audience:

Undergraduate health science students with little or no exposure to education around rural health

Time:

50 minutes

Guidelines:

This activity is intended as an interactive platform for group discussion. The statements are presented to students in a true or false format and followed up with an indepth group discussion about rural health in Australia. True statements are indicated with **bold** font.

Companion activities:

Rural Health in Tasmania - lecture

Purpose

The purpose of this activity is to introduce students to current trends in rural health in Australia by exploring the national context of actual and perceived health and wellbeing of Australians.

Objectives

Following this lecture students will be able to:

- Identify aspects that are true and false about rural health in Australia
- Describe the profile of rural Australians in terms of perceived and actual health and wellbeing
- Discuss the role of health services in meeting the needs of rural Australians
- Discuss the broad contexts that are impacting on the health status of rural Australians

28.7% (5.3 million) of Australia's total population live outside the major capital and coastal cities.

Rural economies rely mainly on primary production (mining, farming, fishing), and the industries which support these.

Rural people have a lower education participation rate than city people.

Rural people are slow talking, wear funny clothes and know everybody in their town.

Most rural people do not have a telephone that is reliable and able to connect to the Internet.

Domestic violence, crime and teenage pregnancy rates per head of population are higher in rural areas than in the city.

There is limited public transport in rural areas and most people must use a car.

The pace of life in rural areas is slower than urban living.

There has been a steady decline in overall population from rural, regional and remote areas.

Rural people have a reputation for being friendly and go out of their way to make strangers in their community welcome.

The health status of rural and remote Australians is worse than that of urban people.

Indigenous Australians living in rural and remote areas have a health status far worse than non-Indigenous people and Indigenous people living in cities.

Life in rural and remote areas is generally calmer and less polluted.

Rural people are used to harsh conditions therefore accidents and all forms of trauma are much lower per head of population than in cities.

The use of Medicare per head of population rises rapidly the further away from major capital and regional cities people live.

There are chronic shortages of medical, nursing and allied health workforce in all regional and rural areas in Australia.

The suicide rate for young men in particular is higher in metropolitan areas.

Rural people's diet is healthier because they eat less processed food and have access to fresh home grown produce.

Recreational activities in rural areas are limited to a few major sports and this has an adverse effect on health.

Psychological health status is high in rural areas because people there are very religious.

There are 24 organisations that represent the professional interests of health professionals and communities in rural, remote and regional areas. They are represented in one peak national body, the National Rural Health Alliance (NRHA)

Employment opportunities in rural, regional and remote areas are poor and promotion prospects less than in urban areas.

Health professionals working in rural, regional and remote health services need to work in teams rather than in autonomous practices.

Many rural towns have medical and health infrastructure that is state of the art due to the current political attention rural health is attracting.

The Australian Federal government committed $50 million over the period 2000-2004 to employ more psychologists, dieticians, podiatrists, social workers, physiotherapists and registered nurses to improve the health of rural and remote communities. The program is called the More Allied Health Services (MAHS). The MAHS program is managed through the Divisions of General Practice in rural and regional areas.

The type of professional practice undertaken by clinicians in rural areas is confined to basic treatment and specialists in the city undertake more complex procedures.

The Australian Government provides a number of scholarships to support medical, nursing and allied health students and graduates undertake study. Allied health professionals are supported by the Commonwealth Allied Health Rural Remote Scholarships (CAHRRS).

Agreeing on a universal definition of rural and remote health has slowed the development of education and professional support programs for rural professionals.

The age profile of health professionals in rural and regional areas is generally one of an increasingly ageing workforce.

Undergraduate experience undertaken in rural, regional and remote practice is likely to influence the students to work in these areas after graduation.

Retention strategies are not really important to increase the length of stay for health professionals – after all they will love it when they get there.

The University Department of Rural Health (UDRH) Tasmania provides support, coordination and education resources to health science students undertaking rural professional placement programs.