Enough seagulls! Rural and remote communities need local researchers living, walking and talking with locals

Ruth Stewart

Researchers who live and work in community can respond to local clinical questions and provide feedback to community on their findings

Australians enjoy some of the best health outcomes in the world[1] and those benefits are concentrated in our urban centres. Australians who live in rural and remote Australia have poorer health than their urban peers. The more remote your residence, the shorter your life span and the greater the burden of disease carried by your community.[2]

Australians living in remote areas are admitted to hospital at 1.3 times the rate of those living in urban and regional areas. For Australians living in very remote areas, the rate is nearly double the urban rate.[2] Potentially preventable hospitalisations also increase steeply with remoteness. The difference is most marked for acute conditions where remote rates are almost 2.5 times those of urban areas.[2] The median age at death in major cities in Australia is 82 years; in outer regional, remote and very remote areas it is 3, 9 and 18 years younger, respectively, and the statistics are much worse for First Nations Australians.[3]

Social determinants such as lifestyle factors, poor housing conditions, and lower average levels of educational attainment and employment in rural and remote communities predispose members to increased rates of disease and illness. Rural and remote residents experience increased difficulty in accessing timely care, which is a key factor in effective prevention and management of chronic disease and in improving population health outcomes. For example, 20% of people who live in remote and very remote areas report not having a general practitioner nearby as a barrier to seeing one, compared with 3% of those living in major cities, and 58% report not having a specialist nearby as a barrier to seeing one, compared with 6% in major cities.[4] These factors contribute to the higher burden of chronic disease and shorter life expectancy in remote locations.[2]

Given this high burden of disease, an overload of social determinants of poor health and increased barriers to care, one might expect to see greater expenditure on health research and services in rural and remote Australia. This is not the case.[5] Non-community controlled health expenditure decreases with remoteness, but the detail here is telling. Medicare services and Pharmaceutical Benefit Services decline with remoteness but expenditure per patient admitted to hospital increases.[6] The investment is in people after they become ill rather than on preventing illness.

I have seen many examples of innovative models of care in rural Australia. I have seen health services, training providers, health professionals and communities co-designing solutions that work for them, making a difference to the lives of rural people. To improve rural health we need to better understand it. We need to understand the why of health outcomes and evaluate which interventions are acceptable and effective. Evidence to inform such answers is scarce. Gaps in the Australian rural health research evidence base threaten to leave holes in Australian health policy.

Ongoing engagement with rural communities that deepen understandings of local context and experience enrich research outcomes. In the Torres Strait, people talk of "seagull" research. They are not referring to studies of marine birdlife. They are referring to researchers who fly in, rapidly collect data and fly off with it, leaving only guano behind. Researchers who live and work in community can respond to local clinical questions and provide feedback to community on their findings.

The Supplement published with this issue of the *MJA*[7] comes from the Spinifex Network, which comprises such community-based researchers. Within this network, researchers are able to find collegiate support and collaboration and conduct research that will lead to improved rural and remote health outcomes. The Supplement presents a number of review articles relating to people living in rural and remote Australian communities, covering issues such as food security, the impact of natural disasters, recruitment and retention of health workforce, and global crises. Australians living outside urban centres will benefit from such community-based research.

Competing interests: No relevant disclosures.

Provenance: Commissioned; not externally peer reviewed. ■

1 Schneider EC, Sarnak DO, Squires D, et al. Mirror, mirror 2017: international comparison reflects flaws and opportunities for better US health care. New York: The Commonwealth Fund, 2017. https://www.commonwealthfund.org/publications/fund-reports/2017/jul/mirror-mirror-2017-international-comparison-reflects-flaws-and (viewed Sept 2020)

Australian Government Department of Health, National Rural Health Commissioner, Canberra, ACT. NRHC@health.gov.au • doi: 10.5694/mja2.50857
Podcast with Ruth Stewart available at mja.com.au/podcasts

2 Australian Institute of Health and Welfare. Rural and remote health [web report]. Canberra: AIHW, 2019. https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health (viewed Sept 2020).

3 Public Health Information Development Unit. Remoteness in Australia: data by remoteness areas. September 2020. http://phidu.torrens.edu.au/current/data/sha-aust/remoteness/phidu_data_remoteness_aust.xls (viewed Sept 2020).

4 Australian Institute of Health and Welfare. Survey of health care: selected findings for rural and remote Australians [web report]. Canberra: AIHW, 2018. https://www.aihw.gov.au/reports/rural-remote-australians/survey-health-care-selected-findings-rural-remote (viewed Sept 2020).

5 Edelman A, Grundy J, Moodley N, at al. 2020. Northern Australia health service delivery situational analysis: summary report. Townsville: Cooperative Research Centre for Developing Northern Australia, 2020. https://crcna.com.au/research/projects/northern-australia-health-service-delivery-situational-analysis (viewed Sept 2020).

6 Australian Institute of Health and Welfare 2010. Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure (Health and Welfare Expenditure Series No. 50; Cat. No. HWE 50). Canberra: AIHW, 2011. https://www.aihw.gov.au/reports/health-welfare-expenditure/australian-health-expenditure-by-remoteness-a-com/contents/table-of-contents (viewed Sept 2020).

7 Osborne SR, Piper D. coordinating editors, on behalf of the Spinifex Network Rapid Review Subcommittee. Beyond the black stump: rapid reviews of a selection of key rural issues. *Med J Aust* 2020; 213 (11 Suppl): S1–S32. ■