



NATIONAL RURAL
HEALTH
ALLIANCE INC.

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Priority for illness prevention efforts must begin in the bush

The current health promotion debate in Australia must recognise that preventable illnesses and health risk factors are more common in regional and remote areas than in capital cities – and that the gap is widening.

The National Preventative Health Strategy released this week deals with smoking, overweight and unsafe levels of alcohol consumption. The prevalence of smoking is 20 per cent higher in regional/remote areas than in the major cities, while the prevalence of overweight people is almost 10 per cent higher. The level of physical inactivity is also 15 per cent higher and the incidence of hazardous and harmful alcohol consumption is 20 per cent above the rate in the major cities.

Given the level and consistency of these health risk factors, it is disappointing that the Strategy does not specifically nominate regional, rural and remote areas as a high priority and propose targeted local preventative health measures.

Judging by the changes in health risk factors between 1995 and 2004-05, there appears to be no way that Australia can become ‘the healthiest country by 2020’ unless priority is given to regional and remote areas.

Whereas rates of smoking in our major cities decreased by more than 15 per cent between 1995 and 2004-05, over the same period the rates in regional/remote areas appear not to have changed. Similarly, in the same period, sedentary levels of physical activity in major cities decreased by 5 per cent, while in regional/remote areas they went up by almost 10 per cent.

The story for hazardous and harmful alcohol consumption is discouraging both in the major cities and in regional/remote areas; but, again, the latter are faring worse. Whereas the rate of harmful drinking increased for females in the major cities by 70 per cent, the increase was 130 per cent for women living in regional/remote areas.

“Regional, rural and remote areas are wonderful places in which to live and work,” according to Dr Jenny May, Chair of the Alliance. “But there are different circumstances and patterns of behaviour from the cities. There will be limited benefit from national preventative health strategies if the social, economic, environmental and cultural determinants of rural health are not simultaneously addressed.

“An effective National Preventative Health Strategy will include nationwide initiatives relating to taxation, pricing, advertising and standard health promotion campaigns. But the urgent need and the particular characteristics in rural and remote areas mean that such a strategy will also need to include specially targeted initiatives for those areas,” Dr May said.

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