

Resolving the health crisis in remote areas

Key issues and solutions

Centre of Research Excellence for Strengthening Health Systems in Remote Australia
(CRESTRA)

CRESTRA is a multi-agency partnership led by Menzies School of Health Research

https://www.menzies.edu.au/page/Research/Centres_for_Research_Excellence/

Key assumptions:

- Good health is a right for all Australians regardless of where they live
- Access, equity, safety and quality are key planks of the government policy agenda

What research evidence shows about health issues in remote Australia:

- *Health status of residents:*
 - Remote Australians experience different morbidity and higher avoidable mortality than city residents
 - Remote communities are characterised by greater socio-economic and educational disadvantage
 - Remote areas have a higher proportion of First Nations people experiencing poorer health outcomes
- *Access to health care*
 - Geographical isolation, climate conditions and cultural safety concerns limit access
 - Low availability of health providers (eg. medical, allied health, First Nations and dental providers)
 - Inequity of funding limiting service provision
- *Health services*
 - Remote health services experience difficulties attracting and retaining primary health care workers, including a First Nations workforce. Consequently, they depend heavily on locum and agency staff
 - Remote primary health care workers work long hours and do more on-call and after-hours work
 - Cultural awareness and community engagement are key to effectiveness
 - Different service delivery and funding models are required for small, dispersed remote communities (eg. comprehensive primary health care model of Aboriginal Community Controlled Health Services)

What research evidence tells us about the solutions to remote health issues:

- 'Growing our own' local First Nations health workers increases both remote workforce supply and retention
- Access issues diminish and health improves if health services are characterised by adequate resourcing, strong leadership and management, good infrastructure and IT systems, and community engagement
- Current 'ad hoc' government programs, incentives and a fly-in fly-out workforce are insufficient

Where to from here?

- A **genuine evidence-based remote health strategy** based on Aboriginal Community control and ongoing government commitment is essential to address existing systemic issues. Such a strategy must incorporate:
 - *Recognised First Nations leadership roles, especially in decision making and problem solving*
 - *Strong engagement and partnerships with local communities*
 - *Context-specific service models and funding based on health needs and not staff availability*
 - *Local, contextualised workforce education, training and support and different scope of practice*
 - *Genuine inter-sectoral collaboration and resourcing*
 - *Appropriate climate-resilient infrastructure and reliable information technology/telecommunications*

Benefits

- Improved patient health outcomes with better access to, and continuity of, comprehensive care
- Significant savings resulting from reductions in workforce turnover and avoidable hospitalisations

Further reading:

Russell DJ, Humphreys J, Veginadu P *et al.*, Remote health: What are the problems and what can we do about them? Insights from Australia, **BMC Health Services Research**, 25, 641 (2025). <https://doi.org/10.1186/s12913-025-12828-0>