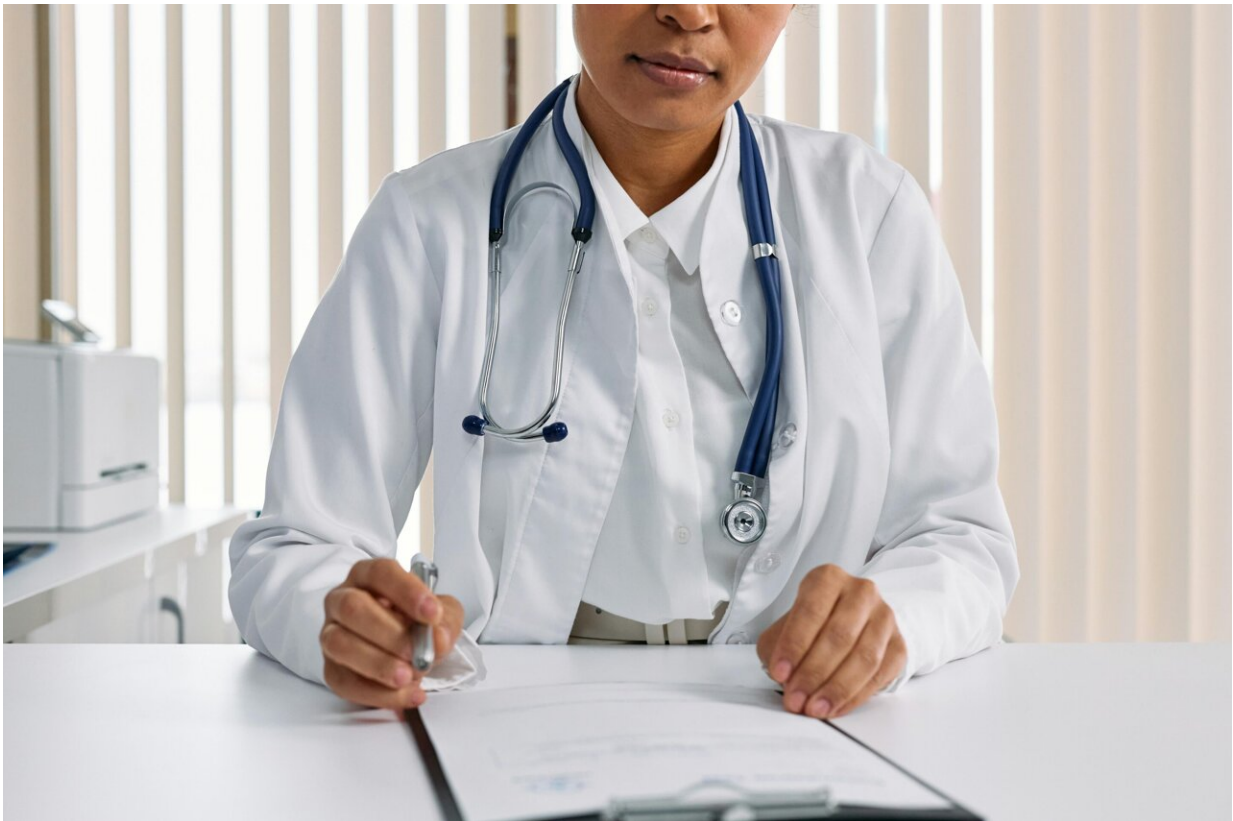


# Rural and remote Aboriginal patients face extra pressure to make ends meet

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Credit: cottonbro studio from Pexels

From sleeping rough in parklands to skipping medical appointments, the additional burden of out-of-pocket health care expenditure (OOPHE) is widening the health care gap for Aboriginal households in rural and

remote regions.

The rising cost of living, including the need to travel long distances to medical appointments, as well as income limits and shortages of housing and [medical services](#), also adds to the health burden on rural and remote communities.

In particular, Aboriginal families in remote regions face even higher OOPHE—which includes additional health care expenses not covered by universal taxpayer insurance (i.e., Medicare)—due to additional health needs and multiple barriers to getting appropriate care.

In a new [article](#) in the *Rural and Remote Health* journal, experts in Indigenous health worked closely with Aboriginal communities from South Australia's Far West region to examine these impacts

"Via seven yarning sessions with 10 participants in the Ceduna and Yalata, we identified themes of barriers to focused health care, cost of taxis and travel, restricted autonomy, financial strain (affected by the cashless debit card and Patient Assistance Transport Scheme system), personal and social loss and need for more support initiatives and protective factors," says chief investigator, Flinders University researcher Associate Professor Courtney Ryder.

"Participants told stories of sleeping rough in the parklands due to the cost of accommodation, of being too scared to use [public transport](#) and of selling assets and not attending appointments because of the additional strain of OOPHE."

Aboriginal Australians face significant health disparities, with hospitalization rates 2.3 times greater, and longer hospital length of stay, than non-Indigenous Australians.

Researchers are calling for radical change of government initiatives and policies, through to the need for health professional awareness is needed to ensure equitable [health care](#) access that does not create additional financial hardship in communities already experiencing economic disadvantage.

The OOPHE burdens includes gaps in [medical costs](#), and associated additional expenses such as travel, medication, equipment, accommodation and time off work, which are not covered by Medicare, private health insurance or other government initiatives.

As a result, OOPHE is a significant risk factor for developing or exacerbating existing chronic and complex conditions.

"It has been associated with negative health outcomes and even death as a result of delaying or avoiding treatment, with one in four Australians forgoing medical treatment due to OOPHE," adds Associate Professor Ryder.

A previous study between 2019 and 2020, found OOPHE created a \$30 billion economic burden, with the most marginalized communities in Australia being inequitably impacted.

The most recent Senate inquiry on out-of-pocket costs identified Aboriginal communities as one of the most vulnerable communities impacted by OOPHE, with Aboriginal Community Controlled Health Organizations (ACCHOs) reporting patients choosing to defer appointments with GPs due to costs, and some chronic kidney disease patients forgoing dialysis, resulting in death.

Every year in Australia, it is estimated that 250,000 hospital admissions and 400,000 emergency department presentations occur due to medicine misuse, costing A\$1.4 billion each year. More than half of these events

are preventable.

Aboriginal and Torres Strait Islander peoples have a rate of potentially preventable hospitalizations 4.9 times greater than other Australians. Poor communication is a well-established risk factor contributing to adverse medicine events. For a medicine to be used effectively, treatment decisions need to be conveyed to consumers and their support people in ways they understand.

**More information:** Ryder et al, Experiences and impacts of out-of-pocket healthcare expenditure on remote Aboriginal families, *Rural and Remote Health* (2024). [DOI: 10.22605/RRH8328](https://doi.org/10.22605/RRH8328)

Provided by Flinders University

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