

The Unlucky Country

Life expectancy and health in regional and remote Australia. Part 1: NSW

Life expectancy in Far West NSW is almost six years lower than in Sydney, with the divide getting worse.

Those in the Far West are twice as likely to die prematurely compared to those in Sydney, and 'potentially avoidable' deaths are two and a half times more likely.

Suicide is twice as likely for residents in the Far West, with rates trending up.

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Summary

Australia has the world's third highest life expectancy at 84.3 years. However, this national average masks the fact that the 'lucky country' has some rather less lucky residents. In every state and territory, those in regional and remote areas have life expectancies several years lower than in the city.

New South Wales (NSW) is a stark example of this divide. Life expectancy in Far West NSW is 79.1 years compared to 84.5 years in Sydney. This more than five-year gap has grown from relative parity at the turn of the millennium to the current gap. Today, a person in far west NSW is more than twice as likely to die prematurely (under 75) than someone in Sydney.

While there are many possible reasons for this discrepancy, overall, people die of the same causes in urban and remote parts of NSW; a comparison of the top causes of death in each area reveals that the top 10 are almost identical. However, regional and remote people are dying younger and from preventable causes at much higher rates than those in Sydney. Deaths considered 'potentially avoidable' are more than two and a half times as common in the far west than in the state's capital.

It has been known for years that there is a suicide issue in regional Australia. Suicide rates in far west NSW—already more than twice as high than those in Sydney—are continuing to rise, while those in urban areas remain steady. But while suicide is a significant problem, it is only the tenth leading cause of death in the region. Suicide tends to take people at a younger age than other causes and as a result can disproportionately skew life expectancy,¹ having said this there are other factors likely at play.

In 2022, a NSW Parliamentary Inquiry into health outcomes and access to services in rural, regional, and remote NSW found that people outside urban areas had significantly poorer health outcomes, inferior access to health services, and faced substantial financial challenges to access services.²

This divide between life expectancy in the cities and in the country is a problem that extends beyond far western NSW. The city/country divide exists across Australia, and it is growing. Inequity between Australians living in capitals and remote areas is a significant problem that demands government intervention, particularly concerning overwhelmed and under resourced health systems.

¹ AIHW (2022) *Deaths by suicide among young people* <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people>

² NSW Legislative Council (2022) *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/Report%20no%2057%20-%20PC%202%20-%20Health%20outcomes%20and%20access%20to%20services.pdf>

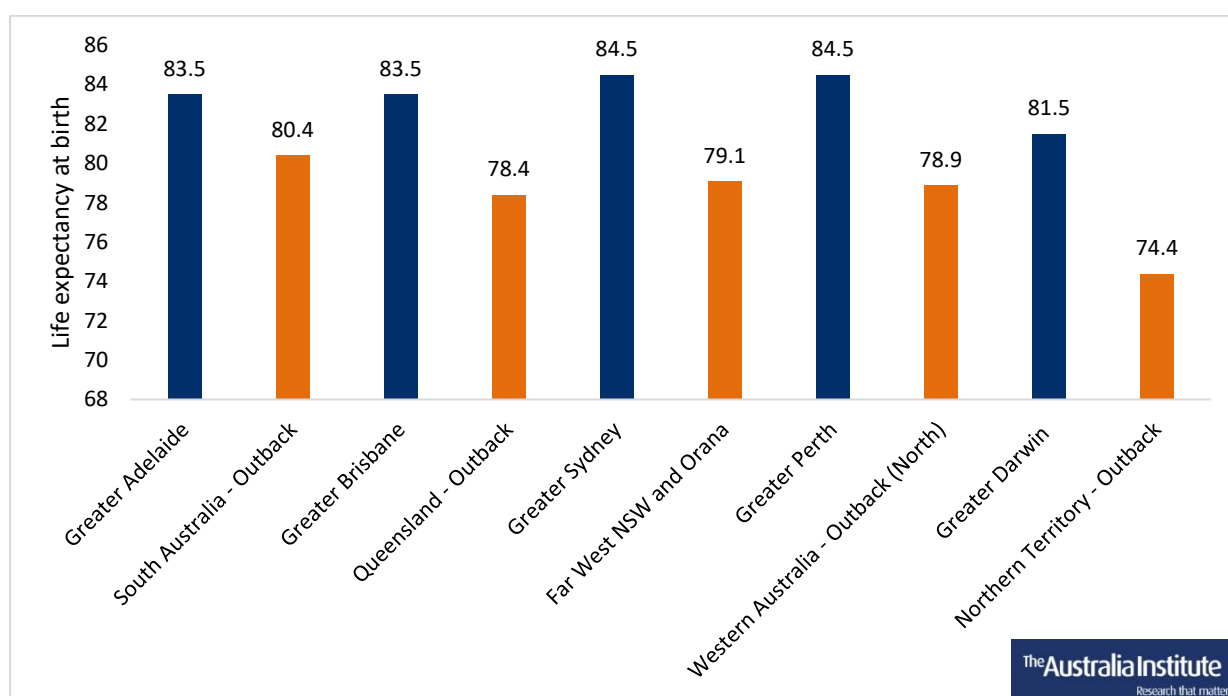
Introduction

In 2022, Australia’s overall average life expectancy became the third highest in the world at 84.3 years, behind just Monaco and Japan.³ This happy statistic calls to mind the nation’s nickname - the lucky country.

The origin of the nickname is not complimentary, however. It comes from writer Donald Horne’s description of Australia as “a lucky country run mainly by second-rate people who share its luck.” Before his death, Horne lamented “[having] had to sit through the most appalling rubbish as successive generations misapplied this phrase.”⁴

Similarly, Australia’s seemingly lucky life expectancy figures risk being misapplied. There are some very second-rate results obscured in this national average and, as a result, some very unlucky Australians. People living outside Australia’s cities have a substantially lower life expectancy than their city-dwelling counterparts, as shown in Figure 1 below:

Figure 1: Life expectancy at birth (2019-2021)—city vs remote Australia⁵



Source: ABS (2022) *Life tables*, <https://www.abs.gov.au/statistics/people/population/life-tables/latest-release>

³ Pollard (2022) *Australia’s average life expectancy jumps to third globally behind Monaco and Japan*, ABS data shows <https://www.abc.net.au/news/2022-11-09/qld-health-life-expectancy-australia-dodges-covid19-decline/101625656>

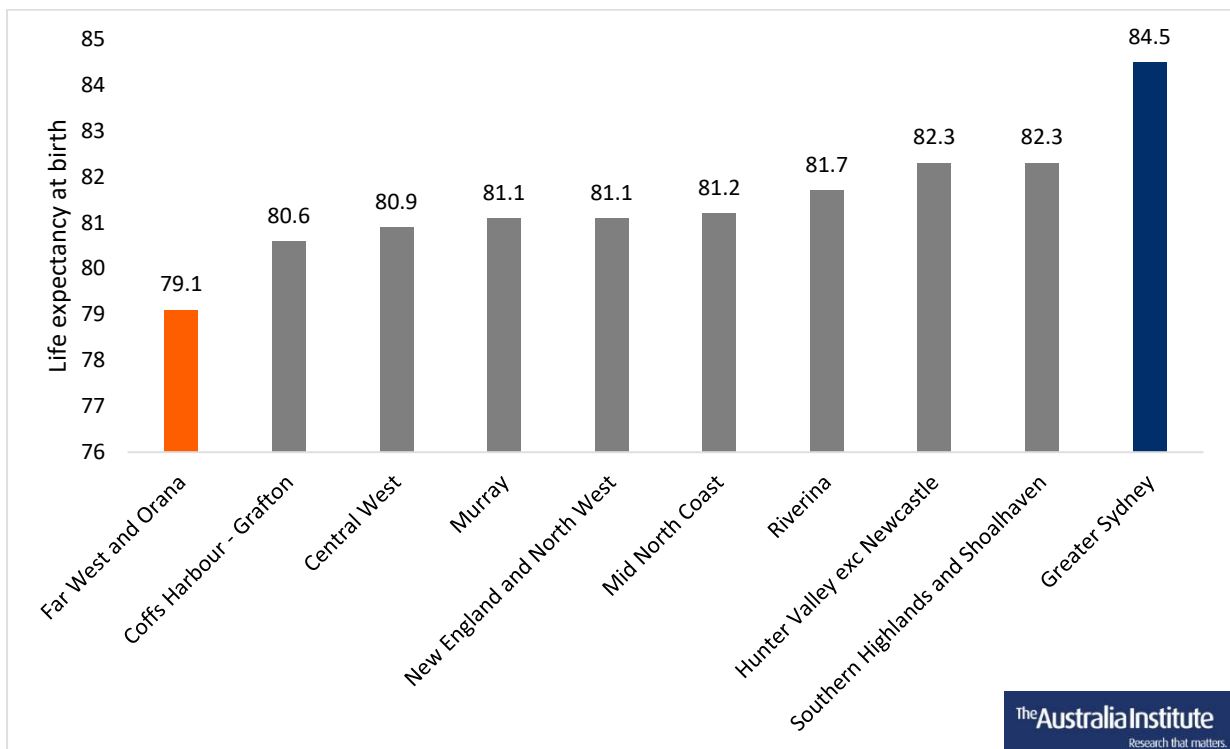
⁴ Sydney Morning Herald (2005) *Forever misquoted, Donald Horne dies* <https://www.smh.com.au/entertainment/books/forever-misquoted-donald-horne-dies-20050909-gdm1b1.html>

⁵ Graph includes selected regions from ABS data (SA4) ie ‘South Australia- outback’ is not all regional SA

This report is intended to be the first in a series highlighting that Australians in regional and remote areas live, on average, substantially shorter lives than urban Australians. This first report focuses on NSW, both because it is Australia’s most populous state and because the disparity between the life expectancy of its regional and urban populations is a stark illustration of the wider national trend.

Figure 2 illustrates this trend, showing that life expectancy in NSW regions is substantially lower than Greater Sydney, with the most remote—the Far West and Orana region⁶—clearly the lowest at 79 years:

Figure 2: Life expectancy at birth 2019-2021- NSW regions and Sydney



Source: ABS (2022) *Life tables* <https://www.abs.gov.au/statistics/people/population/life-tables/latest-release>

Figure 2 shows that there is a difference of nearly six years in life expectancy between Far West NSW and Orana and Greater Sydney. While the geographical definitions of the west of the state vary between data sources, the pattern of worse health outcomes does not change.⁷

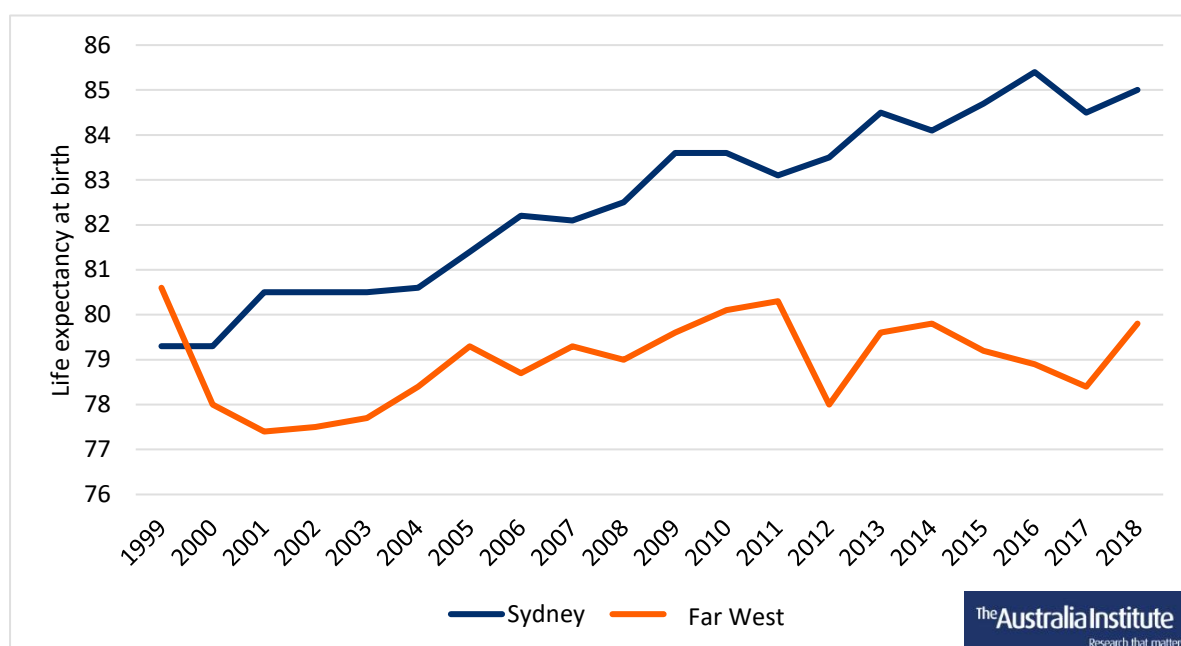
⁶ The Australia Institute contacted the ABS to clarify why Orana was included with Far West in this data set but did not receive a response

⁷ Different data sources refer to slightly different geographical areas. Western NSW Primary Health Network encapsulates both the Far West and Western NSW Local Health Districts and covers 53.5% of NSW. For more detail see: Primary Health Network Western NSW (2023) *Our Region* <https://www.wnswphn.org.au/about-us/our-region>

Life expectancy

It does not have to be the case that regional Australians live shorter lives than city counterparts. The lower life expectancy of regional and remote parts of NSW relative to Sydney, shown in Figure 1 above, is not inevitable. Figure 3 below uses life expectancy data from Health Stats NSW, available from 1999 to 2018, for the Far West and Sydney local health districts.⁸ It shows that in this data set at least, as recently as 1999, life expectancy in the Far West was in fact longer than in Sydney:

Figure 3: Life expectancy at birth by local health district- Sydney vs Far West NSW



Source: HealthStats NSW (2020) *Life expectancy*

http://www.healthstats.doh.health.nsw.gov.au/Indicator/bod_lexbth/bod_lexbth_lhn_snap

Figure 3 shows that life expectancy data in the far west is more volatile, perhaps as a result of the lower population. As a result, whether the regions life expectancies are lower or higher than Sydney in any particular year is perhaps a moot point. What is more important is that the disparity between Sydney and the Far West is increasing. The gap was small at the turn of the millennium, but while the life expectancy of Sydneysiders has increased steadily in the intervening decades, that of those in the Far West has essentially plateaued. The result is that by 2018, people living in the far west of NSW could expect to live lives five years shorter than their counterparts in the city.

The dataset used in Figure 3 ends in 2018, but the trend appears to continue in related (but not precisely comparable) data sets. ABS 2019-21 *Life Tables* data shows that life expectancy at birth in the Far West and Orana was 79.1 years, while in Sydney it was 84.8

⁸ NSW Government (2020) *HealthStats NSW Life expectancy*

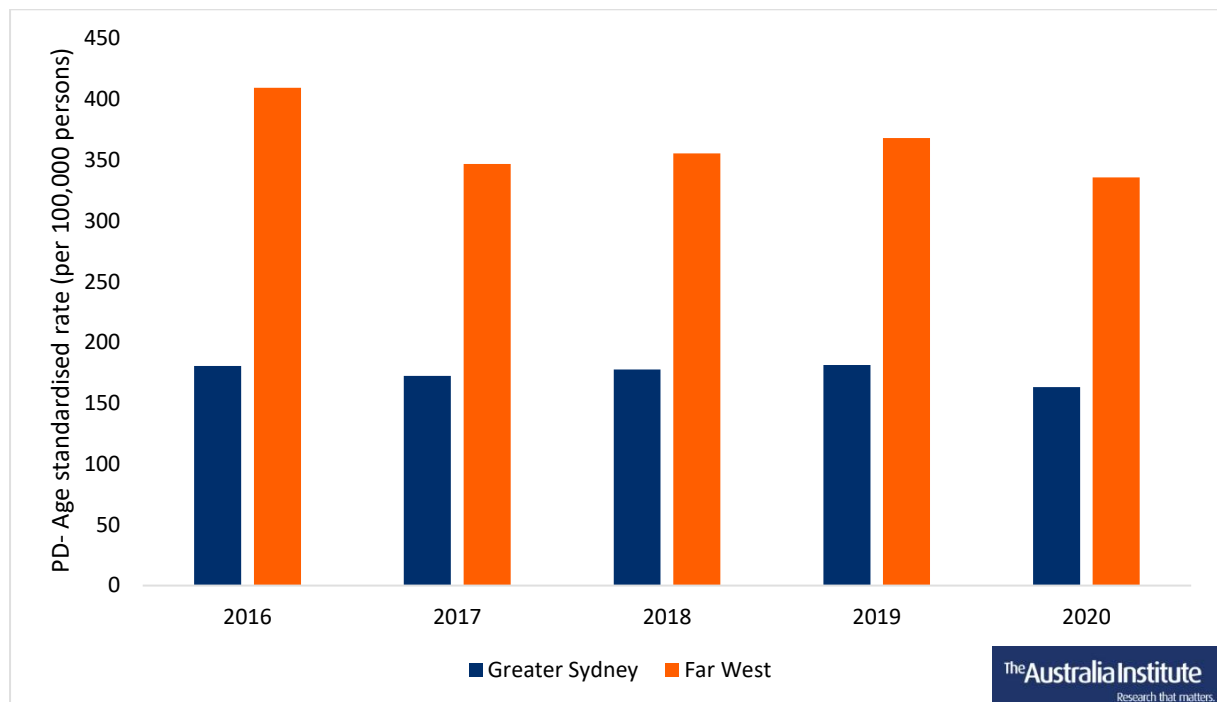
http://www.healthstats.doh.health.nsw.gov.au/Indicator/bod_lexbth/bod_lexbth_lhn_snap

years higher at 84.8 years (as shown in Figure 1).⁹ This demonstrates that the trend shown above is continuing, and that the life expectancy gap is likely to widen.

PREMATURE DEATHS

Also relevant is the rate of premature deaths. The Australian Institute of Health and Welfare (AIHW) publishes premature death data based on any death before the age of 75 years. As Figure 4 demonstrates, in each of the years illustrated, the AIHW's data shows that a person in Far West NSW is more than twice as likely to die prematurely than one in Sydney.

Figure 4: Premature Deaths (PD) (aged under 75)- Greater Sydney vs Far West NSW



Source: AIHW (2022) *Mortality Over Regions and Time* books, <https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books>

Premature deaths in Figure 4 are expressed as age-standardised rates (per 100,000 persons). These are hypothetical rates that would be observed if the populations specified had the same age distribution as the standard population, this allows for comparisons between the study populations.¹⁰

⁹ ABS (2022) *Life tables* <https://www.abs.gov.au/statistics/people/population/life-tables/latest-release>

¹⁰ AIHW (2011) *Principles on the use of direct age-standardisation in administrative data collections* <https://www.aihw.gov.au/getmedia/50c4b0b2-8d00-4f31-a932-01a60fd1ba9d/13406.rtf.aspx?>

Causes of death

The leading causes of death for Greater Sydney and NSW’s Far West are similar. Table 1 below shows that the most common causes of death in Sydney and the Far West of NSW are near identical: the top five causes are the same and eight out of ten are present for both areas.¹¹

Table 1: Causes of death in Greater Sydney and Western NSW 2016 to 2020

	Greater Sydney	Far West
1	Coronary heart disease	Coronary heart disease
2	Dementia including Alzheimer’s disease	Dementia including Alzheimer’s disease
3	Cerebrovascular disease	Cerebrovascular disease
4	Lung cancer	Chronic obstructive pulmonary disease
5	Chronic obstructive pulmonary disease	Lung cancer
6	Colorectal cancer	Disorders of fluid, electrolyte and acid-based balance (dehydration)
7	Diabetes	Diabetes
8	Heart failure and complications and ill-defined heart disease	Colorectal cancer
9	Influenza and pneumonia	Influenza and pneumonia
10	Breast cancer	Suicide

Source: AIHW (2022) *Mortality Over Regions and Time books*, <https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books>

The only differences are dehydration and suicide (more below) in the Far West being replaced by heart failure and breast cancer in Greater Sydney. The similarity in causes of death suggests that the factors driving lower life expectancy in the far west are not due to different physical conditions or different lifestyles, but to how causes of death are prevented and managed.

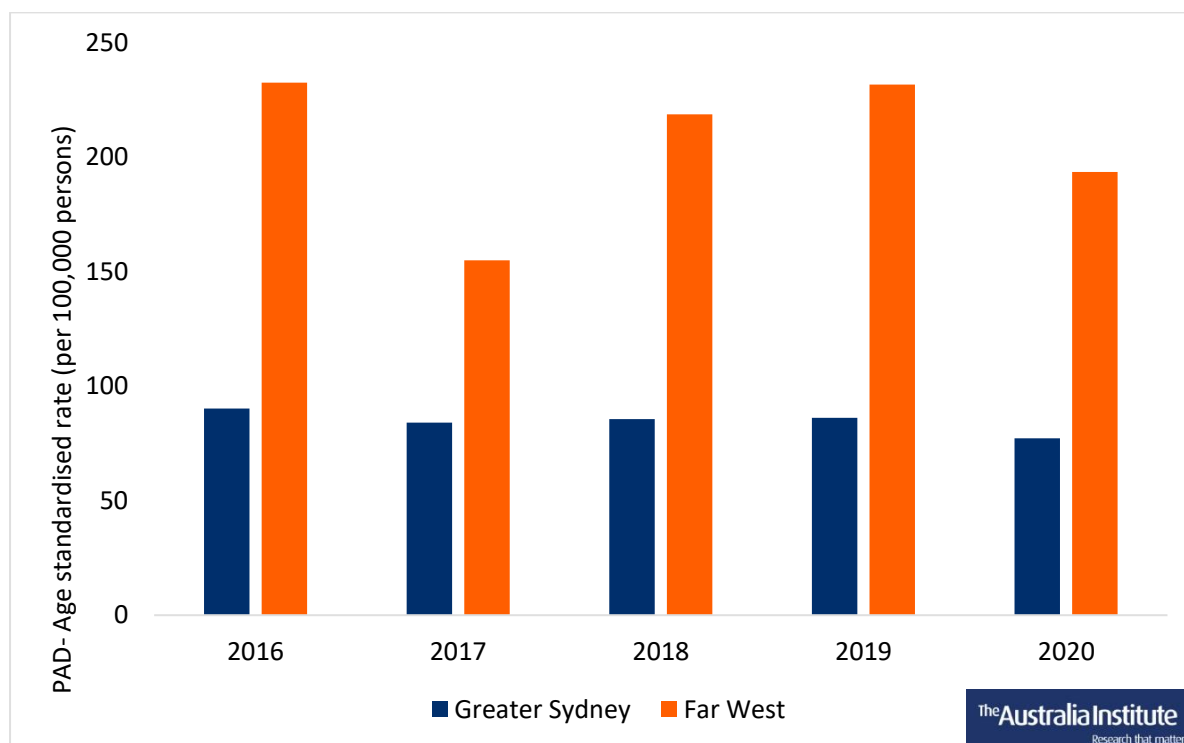
This idea is borne out in data on potentially avoidable deaths. Potentially avoidable death statistics are often used as a performance indicator of a health system’s effectiveness, and for comparisons between geographic regions.¹² They are a subset of premature deaths (i.e. those of people under 75), and include deaths considered to be potentially avoidable in the

¹¹ Australian Government (2022) *Mortality Over Regions and Time books* <https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books>

¹² Australian Commission on Safety and Quality in Health Care (2017) *A guide to the potentially avoidable deaths indicator in Australia* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/guide-potentially-avoidable-deaths-indicator-australia>

context of present health systems (by screenings or primary prevention), along with those considered potentially treatable (through primary or acute care).¹³

Figure 5: Potentially avoidable deaths (PAD)- Greater Sydney vs Far West NSW



Source: AIHW (2022) *Mortality Over Regions and Time books*, <https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books>

The overall trend is clear: potentially avoidable deaths are two and a half times more common in Far West NSW than they are in Greater Sydney. It is also important to note that while the Sydney rate has remained steady, the rate of potentially avoidable deaths shows significantly greater variation, likely due to the smaller population.

SUICIDE RATES

In May 2021, then Federal Treasurer Josh Frydenberg made mental health a centrepiece of his annual budget speech, committing \$2.3bn to mental health care and suicide prevention.¹⁴ However, as The Australia Institute pointed out at the time, none of the words “rural”, “remote” and “regional” appeared at all in the section of the budget papers dealing with mental health measures.¹⁵

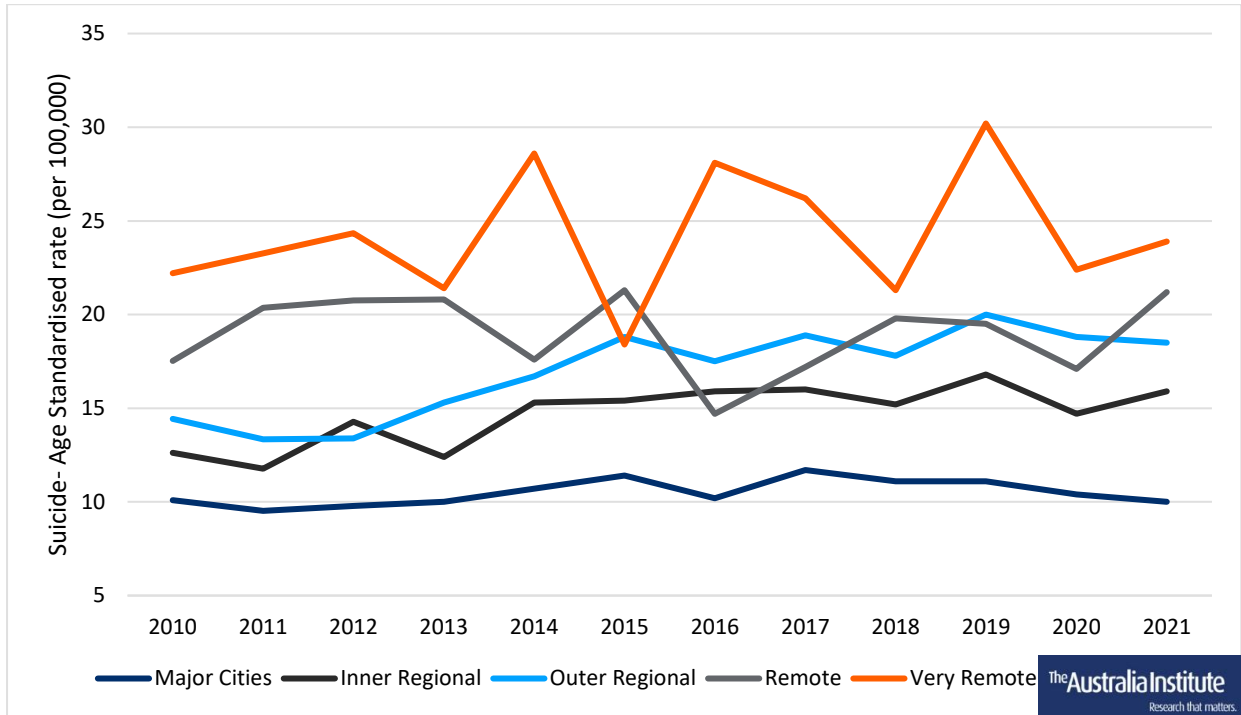
¹³ Ibid.

¹⁴ Frydenberg (2021) "Budget Speech 2021-22", [https://ministers.treasury.gov.au/ministers/josh-frydenberg-2018/speeches/budget-speech-2021-22#:~:text="](https://ministers.treasury.gov.au/ministers/josh-frydenberg-2018/speeches/budget-speech-2021-22#:~:text=)

¹⁵ McBride (2021) *The Gaping Hole in the Governments Mental Health Announcement* <https://australiainstitute.org.au/post/that-gaping-hole-in-the-governments-mental-health-announcement/>

This lack of regional awareness in tackling suicide was all the more disappointing given that data was already available to show that suicide rates in remote areas were disproportionate. This trend is illustrated in Figure 6, which looks at suicide rate by remoteness. While this report focusses on NSW data the below graph highlights that Australia wide suicide increases by remoteness.

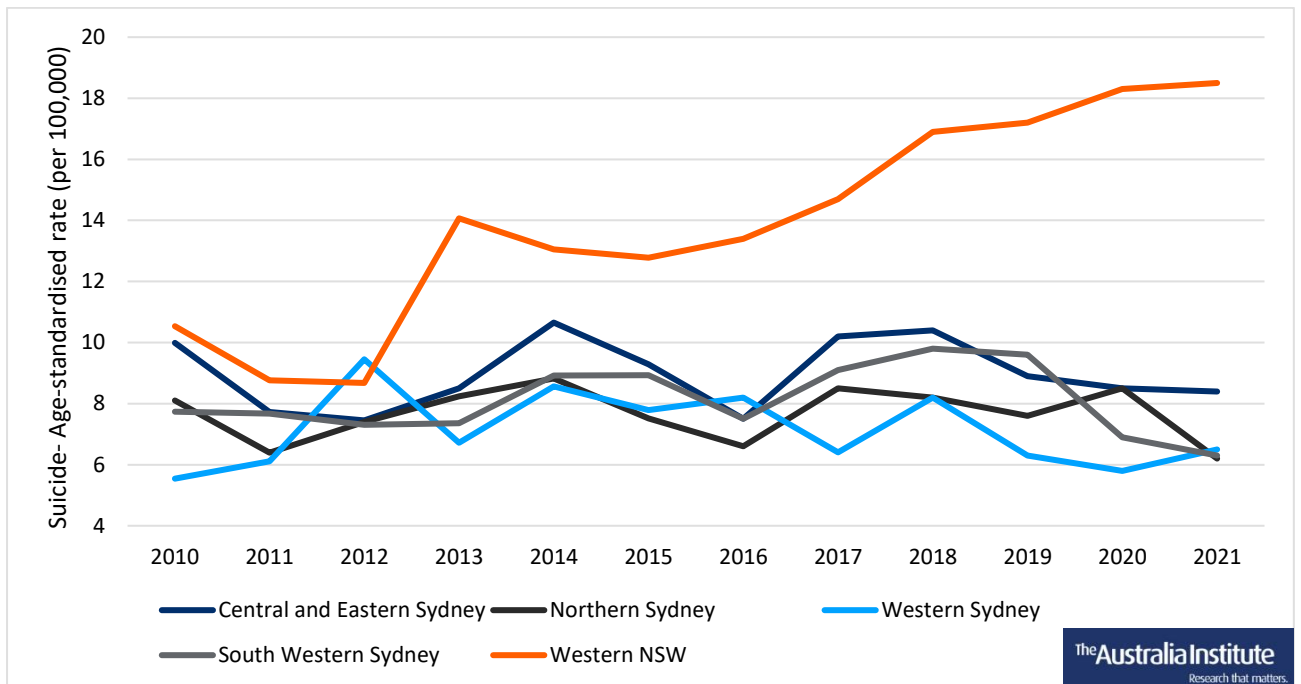
Figure 6: Suicide rate by remoteness 2010 to 2021



Source: AIHW (2022) *Suicide & self-harm monitoring* <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/data-downloads?page=1>

As Figure 7 below demonstrates, while suicide rates remained essentially steady in the rest of NSW over the period illustrated, there is a clear upward trend in the state’s west.

Figure 7: Suicide rate by primary health network- Sydney vs Western NSW



Source: AIHW (2022) *Suicide & self-harm monitoring* <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-phn-areas>

People in the Western NSW primary health network have experienced disproportionately high rates of suicide for at least a decade. Every life lost to suicide is significant and it is important to acknowledge the broader human cost associated with it and the impacts on families and communities. Despite this upwards trend, those in western NSW also have a 25% lower rate of hospitalisation for mental disorders and mental health issues,¹⁶ indicating a lack of access to these services.

¹⁶ Primary Health Network Western NSW (2021) *Health Profile 2021* <https://www.wnswphn.org.au/uploads/documents/corporate%20documents/WNSW%20PHN%20Health%20Profile%202021%20final.pdf>

WHAT CAN BE DONE?

The Western NSW primary health network, through consultation workshops with communities, has identified a series of “key needs” to improve the health of the region.¹⁷ These are:

- Improved access to mental health services
- Co-design of services with community
- Localised drug and alcohol detox and rehabilitation services
- Improved service referral pathways
- Preventative strategies to promote healthy lifestyles¹⁸

A 2022 NSW Parliamentary Inquiry into health outcomes and access to services in regional and remote NSW found that people outside of cities had significantly poorer health outcomes, inferior access to health services, and faced significant financial challenges to access services.¹⁹

This Inquiry made 44 recommendations that should be addressed as a matter of urgency. As the inquiry made clear, the current situation is not a reflection on NSW Health staff who work tirelessly in often challenging circumstances. It is instead an indictment of the system that has allowed the situation to deteriorate to the point where regional people are dying from causes they should not die from and earlier than should.

¹⁷ Primary Health Network Western NSW (2021) *Health Profile 2021*

<https://www.wnswphn.org.au/uploads/documents/corporate%20documents/WNSW%20PHN%20Health%20Profile%202021%20final.pdf>

¹⁸ Ibid.

¹⁹ NSW Legislative Council (2022) *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/Report%20no%2057%20-%20PC%202%20-%20Health%20outcomes%20and%20access%20to%20services.pdf>

Conclusion

This report highlights growing health inequality between city and country NSW. Those in the state's far west are twice as likely to die prematurely as their Sydney counterparts, and their deaths are two and a half times more likely to be potentially avoidable. If life expectancy can be considered an indication of a population's health, the far west of NSW is sick and not getting the medical attention it requires – particularly when compared to their city counterparts. Both premature deaths and potentially avoidable deaths are considered performance indicators for the effectiveness of a health system. It is clear from the analysis in this report, alarm bells should be ringing for the far west.

The situation in regional NSW also reflects a wider national trend: people living in regional and remote Australia are dying earlier than they should and are doing so from causes that might have been prevented were sufficient health services available to them. Health services must be timely, affordable, and culturally responsive and attention is required across the continuum of care. This includes health promotion and disease prevention, accessible tertiary care to rehabilitation and ongoing care. Improving services across this continuum is required to properly address the disparity. The gap between city and country is already unacceptable, and it is getting worse.

This report presents a compelling case for significant investment into health services in regional NSW. All the information on which it is based is publicly available, and in 2023, there is no excuse for the bush being considered out of sight, out of mind. While there will be no silver bullet to address the situation, the first step to addressing a problem is admitting there is one.