

Rural Women and Health Service Use

Background

Many rural areas, and some urban areas, have suffered from shortages of doctors and other health services in recent years. Many policy initiatives are underway to address these problems. However, it is often difficult to assess whether the situation is improving, and in particular there is a lack of information from the point of view of consumers.

The Australian Longitudinal Study on Women's Health (ALSWH) regularly collects information about how women in three age cohorts rate their access to health care services, including questions about how often they visit the doctor, their access to bulk billing, female GPs, the number of GPs from which to choose, their satisfaction with the GP consultation, their preference for a female GP, and so on.

With consent from participants ALSWH survey data have been linked with some statistical information from the Health Insurance Commission on services provided by Medicare, the Department of Veterans' Affairs and the Pharmaceutical Benefits Scheme. This information includes the types of services used, the dates and costs of services. The linked data provide information on health and socioeconomic status which is valuable for understanding health service utilisation and for assessing trends in use and costs of services.

Use of health services

In all age groups, women who live in rural and remote areas of Australia are less likely than urban women to report that they visit GPs frequently (Figure 1) or to have consulted a specialist (Figure 2) (excluding visits for routine pregnancy checks, Pap tests and contraception).

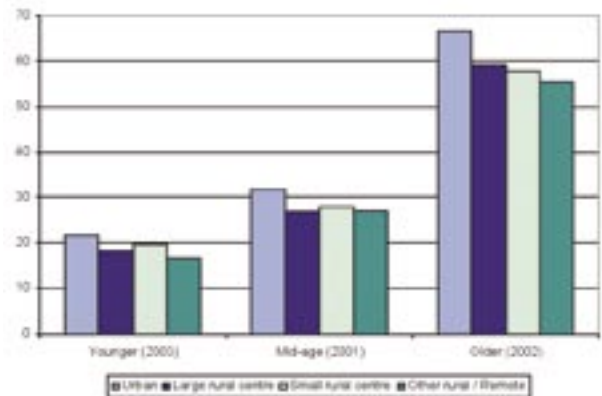


Figure 1. Percentage of women with more than 4 GP visits in the previous 12 months

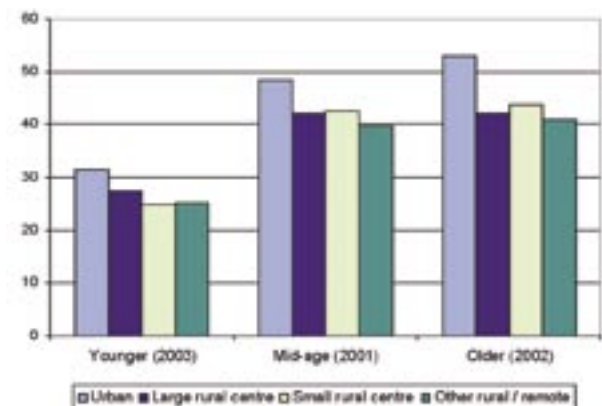


Figure 2. Percentage of women who visited a specialist at least once in the previous 12 months

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Different issues are faced by people in remote areas, than that experienced by urban & even rural people. Particular issues include: transient population makes it difficult to see the same GP twice, lack of ancillary services, limited access to specialist.

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- Younger participant, 2003

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Doctors seem to be in a great hurry and living in a country town, getting old and being sick makes one feel very uneasy. I will be interested to see what the next 3 years brings

”

- Older participant, 2002

Another important issue for rural women is the cost of health care services. Women were asked to rate their access to a GP who bulk bills and their responses confirm that access is lower for women in rural and remote areas.

“

The results of this survey will be affected by the current status of the bulk billing program. I hardly go to the doctor for myself because of the upfront cost of \$40. I really have to weigh up whether I need to go. ...

”

- Younger participant, 2003

Bulk billing by general practitioners

Medicare data for women in the study confirm the decline in bulk-billing for general practice consultations from 1995 to 2001 (see dark purple bars in Figure 3).

Furthermore, the percentage of women who are bulk billed has remained around 20% lower in rural areas than in urban areas. For example, in 2000 the percentage of women in urban and rural areas, respectively, who had all their general practice consultations bulk-billed was:

- 52% urban v 31% rural (Younger women),
- 45% urban v 24% rural (Mid-age women) and
- 79% urban v 58% rural (Older women).

The average out-of-pocket cost per consultation (co-payment) for women in rural areas was higher than the cost for women living in urban areas (see the pale green bars in Figure 3 for co-payment of more than \$10 per visit).

Did you know?

After adjusting for age, health and education, women living in urban areas were more than twice as likely to have all their **GP consultations** bulk-billed as women living in rural areas.

Did you know?

After adjusting for age, health and education, younger and mid-age women living in urban areas were more likely to have higher out-of-pocket costs for **specialist consultations** than women living in rural areas.

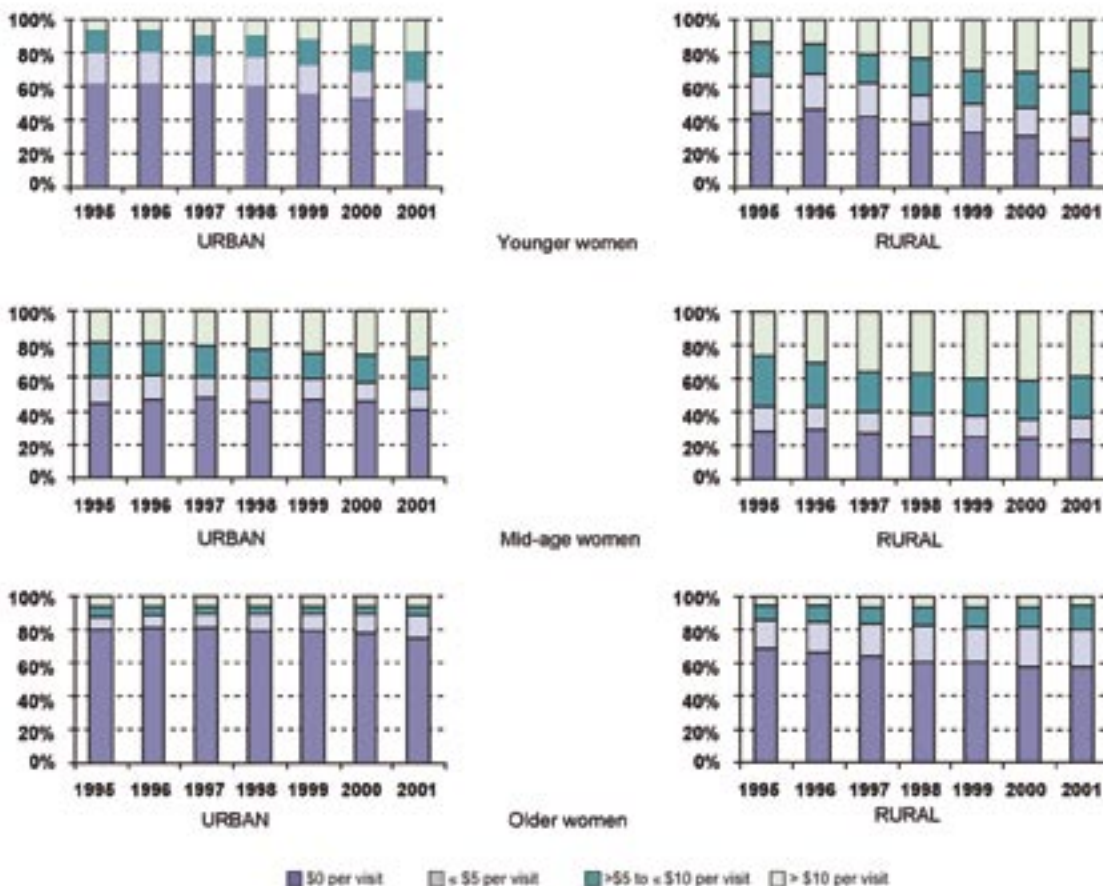


Figure 3. Average out-of-pocket cost per GP consultation per woman, 1995-2001, adjusted to 2001 dollar values, Medicare data.

Bulk billing by specialists

The findings for specialist consultations are quite different (Figure 4). Medicare data for women in the study show that younger women in rural areas are as likely to see a specialist as younger women in urban areas. Mid-age and older women in rural areas are less likely to have consulted a specialist.

For each year from 1997 to 2001, the percentage of women being bulk-billed by specialists was higher in rural areas than in urban areas for younger and mid-age ALSWH women (dark purple bars in Figure 4). For example, in 2000 the percentage of women in urban and rural areas, respectively, who had all their specialist consultations bulk-billed was:

- 16% urban v 22% rural (Younger women),
- 11% urban v 16% rural (Mid-age women) and
- 39% urban v 38% rural (Older women).

In line with general trends, there has been a steady increase in out-of-pocket costs for specialist consultations for younger and mid-age women since 1997. (see the light green bars in Figure 4 for co-payment of more than \$30 per visit).

Qualitative data from the surveys augment these findings by illustrating how the women perceive their

situation and how that influences their patterns of health service use. For example, distance is an important issue for many older women in rural areas needing specialist treatment:

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*For specialist Rheumatologist I have to travel 100 kms.
For Ophthalmologist I travel 360 kms.
For Endocrinologist I travel 230 kms.*

”

- Older woman, 2002

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It is becoming increasingly difficult to co-ordinate specialist appointments in (larger towns, city) with transport available from country areas. In (town) we have no way of getting to (larger towns), except by private car and depending on friends or neighbours to act as drivers. There are only 2 days a week when a bus is available to (capital city). Changing buses en route is very difficult for some elderly folk. There is a community bus available from (town) on designated days but it is difficult to co-ordinate appointments. It is not only the fact of getting to specialists etc. but the cost of stay overs when necessary and arranging return transport.

Thank you for listening.

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- Older woman, 2002

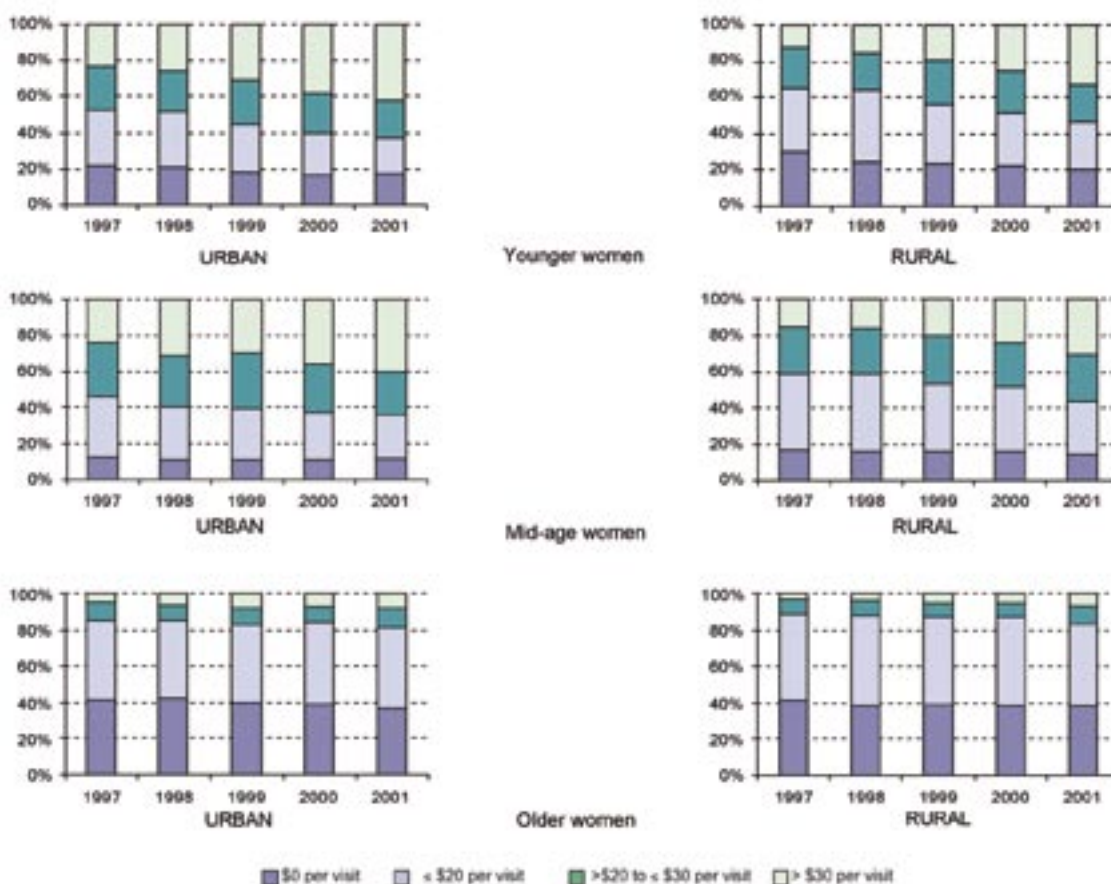


Figure 4. Average out-of-pocket cost per specialist consultation per woman, 1997-2001, adjusted to 2001 dollar values, Medicare data

The Australian Longitudinal Study on Women's Health is a landmark study funded by the Australian Government Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland.

The study:

- is designed to monitor and document the health and wellbeing of Australian women in urban, rural and remote areas
- aims to provide policy relevant information to contribute to health and welfare planning
- began in 1996 with a representative sample of 40,000 Australian women in three age groups
- includes younger women born 1973-78, middle-aged women born 1946-51, and older women born 1921-26
- has the capacity to link Medicare data on service usage with survey information
- collects data on physical and emotional health, health service use, life course events, demographics, and social and behavioural factors
- is planned to run for twenty years or more.

Preference for a female GP

Many women, particularly younger women, prefer to see a female GP 'always' (Figure 5), or 'at least for certain things'. However the preference for a female GP is less strong for women in outlying rural and remote areas, where there is less choice of medical provider.

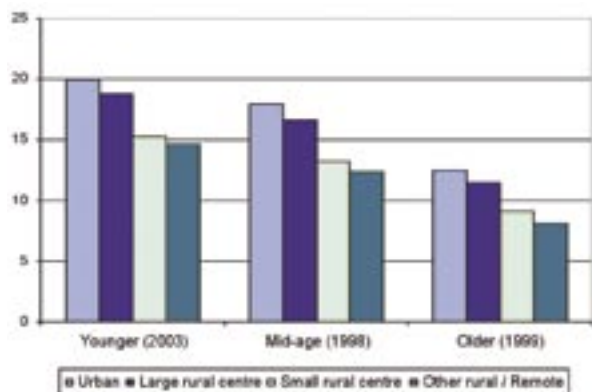


Figure 5. Percentage of women who prefer to 'always' see a female GP

A lack of female GPs in some rural areas may impact on preventive care. Some women may be reluctant to seek help from male GPs for some problems.

Yes I have a prolapse of the vagina and bladder but as (of) now have not seen a doctor. It would be great for women to have a doctor which could come to our town one or two days a month and if possible a lady doctor for women's health problems

- Older woman, 2002

Have a current illness concern (STD) for 6 months and I have not seen a GP or anyone about it yet because I do not know a nice female doc

- Younger woman 2003

In many rural areas, public hospitals play an important role in providing access to health care services.

Medical treatment in this district has been difficult over the last few years with doctors coming and going at a fast rate. I can't speak highly enough of our small district hospital which does an excellent job

Policy Issues

- Rural women face higher costs for GP services than those in cities, but not necessarily higher specialist costs. However, the need to travel to see specialists is a particular problem in rural areas, particularly for older women.
- Many rural women have no access to female doctors, and this may reduce their willingness to seek help for some conditions which may be treatable.
- Programs to attract and retain doctors in rural areas should include a special focus on access to female doctors.



Find out more

Background information on the entire project can be found in the companion report in this series:
Australian Longitudinal Study on Women's Health: The First Decade.

For surveys, details of scientific publications, and other information see the project website:

<http://www.newcastle.edu.au/centre/wha>

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