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COMMENTARY

The importance of 'place' and its influence on rural and remote health and well-being in Australia

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Abstract

Aims: This article explores the crucial role of 'place' as an ecological, social and cultural determinant of health and well-being, with a focus on the benefits and challenges of living rurally and remotely in Australia.

Context: The health system, including health promotion, can contribute actively to creating supportive environments and places that foster health and well-being among individuals residing in rural and remote locations. For First Nations peoples, living on Country, and caring for Country and its people, are core to Indigenous worldviews, and the promotion of Aboriginal and Torres Strait Islander health and well-being. Their forced removal from ancestral lands has been catastrophic. For all people, living in rural and remote areas can deliver an abundance of the elements that contribute to a 'liveable' community, including access to fresh air, green and blue space, agricultural employment, tight-knit communities, a sense of belonging and identity, and social capital. However, living remotely also can limit access to employment opportunities, clean water, affordable food, reliable transport, social infrastructure, social networks and preventive health services. 'Place' is a critical enabler of maintaining a healthy life. However, current trends have led to a reduction in local services and resources, and increased exposure to the impacts of climate change.

Approach: This commentary suggests ideas and strategies through which people in rural and remote locations can strengthen the liveability, resilience and identity of their communities, and regain access to essential health care and health promotion services and resources.

Conclusion: Recommended strategies include online access to education, employment and telehealth; flexible provision of social infrastructure; and meaningful and responsive university-health service partnerships.

KEYWORDS

community development, health promotion, indigenous health, remote health, rural health

1 | INTRODUCTION

This commentary article emanates from the fifth national In Conversation Round Table webinar discussion, hosted on 12 October 2023 by the Centre for Health in All Policies Research Translation at the South Australian Health and Medical Research Institute in partnership with the National Rural Health Alliance. Panellists (each of whom are co-authors on this paper) are listed alphabetically as follows:

- Dr Iain Butterworth, founder of Iain Butterworth and Associates, a specialist Healthy Cities and Liveability consultancy.
- Timmy Duggan OAM, born and bred in Darwin with family connections to the Warramungu people of Central Australia and the Nykinya people of the Kimberley. He was the first person from the Northern Territory to play in the National Basketball League, and is Founder of Hoops 4 Health.
- Rodney Greene, Practice Lead at Collaboration for Impact; prior systems lead at Burnie Works.
- Dr Matthew McConnell, Public Health Physician at Rural Support Service, SA Health.
- Professor James A. Smith, Deputy Dean of Rural and Remote Health NT and Matthew Flinders Professor (Health and Social Equity), College of Medicine and Public Health, Flinders University.
- Susanne Tegan, CEO of the Australian Rural Health Alliance.
- A/Prof Carmel Williams, Director of the Centre for Health in All Policies Research Translation and Founding Director for the WHO Collaborating Centre for Health in All Policies Implementation.

Additional co-authors who provided assistance with manuscript preparation and support during the In Conversation Round Table Webinar include:

- Dr Neha Lalchandani, Associate Research Fellow within Deakin University's Global Centre for Preventive Health and Nutrition (GLOBE).
- Amy Stearn, Public Health Register, Centre for Health in All Policies Research Translation

2 | PLACE, HEALTH AND RURAL AND REMOTE LIVEABILITY

One of the oldest tenets of geography is the concept of 'Place'. Place has three key components: location, locale and our psychological relationship with it.[1] Location is the position of a particular point on the surface of Earth. Locale is the physical setting for relationships between people, such as a town centre or neighbourhood. Our psychological relationships with place include place attachment (our emotional feeling of belonging to that place)[2,3]; place identity (the way we align our sense of who we are with that place)[4]; place dependence (the extent to which a place meets our expectations about fulfilling our needs for daily living)[2]; and our psychological sense of community (the intersection between place and people, which results in a feeling of mattering to other people who live in that location).[5] These terms are often conflated into the broader and more diffuse notion of 'sense of place'.[6]

The liveability of any place reflects the extent to which that place offers sufficient access to employment, fresh, affordable food, clean and potable water, diverse affordable, sustainable housing, accessible health services, reliable transport that connects us to the things we need, walkable neighbourhoods, public open space and contact with nature.[7] Especially important is having access to local social infrastructure from which services and programs are delivered, including health centres, schools, childcare facilities, community centres, arts and culture centres and hubs, sports and recreation facilities, playgrounds, community meeting places, and legal and emergency services.[8] Increasingly, as the impacts of climate change accelerate, we also need to ensure that places can remain viable. They need to stay resilient to the impacts of extreme weather; provide ongoing access to adequate fresh water and clean air; and continue to support local ecosystems, primary industries or tourism opportunities. Not only do these factors have a psychosocial impact on local communities, but Australia relies on the considerable economic benefit that these places generate.

Wherever we may live, we assess the extent to which the unique mix of these building blocks of liveability enables us to depend on this place to get what we need or expect to live our lives (often referred to as place dependence). We also balance these liveability measures against our own subjective assessments (place attachment) and the extent to which we align our personal or collective identity with that place (personal biography, family history, ancestral custodianship of Country).[9] Because of the impacts of climate change, people in rural communities are especially vulnerable to pervasive feelings of grief and homesickness for their once-thriving communities and ecosystems—while still living in that place.[10–12]

People in rural and remote areas face a range of stressors distinct from those living in major cities. Geographic isolation, limited social infrastructure and sparse populations can increase feelings of loneliness and social isolation,[13] with reduced overall physical and mental wellbeing.[14,15] Additionally, the populations in these areas are more exposed and vulnerable to environmental hazards

such as natural disasters.[16] Rates of overcrowding, housing stress and homelessness are also higher in these regions, particularly in Aboriginal communities with little public housing available. Notably, as one moves further away from major cities, the proportion of Aboriginal and Torres Strait Islander peoples within these populations increases.[17]

Whether it be through choice, circumstance or cultural ties, where we live can make a tangible difference to our quality of life. Rural and remote areas in Australia are home to approximately seven million people, comprising more than 28% of the country's population.[18] While people living in rural and remote areas often report higher levels of happiness, they also tend to have poorer overall health outcomes.[19] This health disparity can be associated with having limited access to essential services such as health care and other resources that only minimally address social, cultural and economic determinants of health (including employment and financial security) within rural and remote areas. In addition, the disparity often reflects policies and initiatives that need to be made fit for purpose in rural and remote areas. Using government-provided data on expenditure, the National Rural Health Alliance recently estimated an underspend of $6.55 billion in rural health care per annum, or approximately $850 per person per annum living in rural Australia.[20]

3 | 'PLACE' AND CONNECTION TO COUNTRY

Connection to Country refers to the deep and meaningful relationship that Indigenous peoples have with their traditional lands, territories and natural environments. The *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* recognises that Aboriginal and Torres Strait Islander health is strengthened by creating positive change across six core cultural domains: connection to Country; family, kinship and community; Indigenous beliefs and knowledge; cultural expression and continuity; Indigenous language; and self-determination and leadership.[21] For many Aboriginal and Torres Strait Islander peoples, disconnection from Country is considered a form of homelessness. Similarly, many people are less likely to perceive themselves as homeless, regardless of the adequacy of their dwelling, if they are on Country.[22] 'Our Ancestors understood that caring for Country allowed Country to care for them'.[23] Indigenous communities are particularly vulnerable to the accelerating impacts of climate change on local ecosystems and are grieving the increasing challenges in caring for Country. This has deep ontological, psychological and spiritual implications for Indigenous-led adaptation efforts.[11,24]

For First Nations peoples, poor health outcomes are the ongoing consequences of cultural, historical and political factors that have removed them from ancestral lands and/or removed their capacity to care for the Country on which they still might live.[25] This is why truth telling is so critical to Aboriginal and Torres Strait Islander empowerment, and reconciliation[26]:

> My grandmother's place was the Phillip Creek Mission, which is about 1000km south of Darwin. She was taken from that place, forcibly removed to a place called the Retta Dixon Home here in Darwin on Larrakia country. And it took her 20 years before she went back to see her Mum on our country. That's how long she was taken from her place. So, with that, taking away from her place came anxiety, loss of identity, language, belonging, who she was. This led to a lot of trauma, and this term called intergenerational trauma, which a lot of our families and communities face, especially from past policies and such. She showed us a lot of love, but she passed away at what I thought was an old age, which was 53 or 54. When I look back on it, she never drank, never smoked. But she actually passed away from these inner traumas. I used my grandmother's journey to really push us along for our journey at Hoops 4 Health.
>
> [Hoops 4 Health spokesperson, 12th October 2023]

4 | CASE STUDY: HOOPS 4 HEALTH

Founded 20 years ago, Hoops 4 Health takes a mobile basketball court to Aboriginal communities across rural and remote Australia. The Hoops 4 Health team visits communities, conducts site inspections and suggests ways to improve local facilities to encourage basketball. The program has reached some 10 000 young people across the Northern Territory.[27] Drawing on the 'neurodevelopmental approach' to child development,[28] the focus is on building resilience rather than dwelling on vulnerability. The program ensures cultural safety by training and hiring mostly Aboriginal and/or Torres Strait Islander staff and volunteers.

> A lot of these communities and individuals have the skills and knowledge and the power themselves, but it's been taken away – such as the example that I gave you of my grandmother being taken from her place. So now

> we're going to re-empower you on your journey to build what we call doses of resilience. Hoops 4 Health [is about] our connection to place using our stories, our history, but celebrating our mob's success stories as well and giving messages of hope. Because what we say is, this might be the only place of hope that you have for that for that week.
>
> [Hoops 4 Health spokesperson, 12th October 2023]

Hoops 4 Health was not designed to be a traditional (i.e. settler colonial) place-based strategy, which 'provide[s] community members and stakeholders (citizens, industry, diverse non-government organisations and all levels of government) with a framework for identifying and responding to local needs and improving social, economic and physical wellbeing in a particular location'.[29] Rather, it began from the understanding that connection to place and Country has been disrupted through colonisation and that the consequences of this are still evident today. Hoops 4 Health provides an example of First Nations leaders bringing social infrastructure to First Nations communities that otherwise would miss out, and whose young people might be at risk of disconnection from Country and poor health outcomes. It provides a specific example of an initiative that uses sport and recreation to strengthen young Aboriginal people's connection to Country and community and creates an appetite for change. Rather than creating dependency on external visiting services, it helps to create an appetite for leadership, innovation and change within that local community. Since its inception, more than 10 000 young people have participated in the program, which is now recognised as a culturally safe suicide prevention program. In 2022, the training program was awarded The Northern Territory Communities in Action LiFE Award with Suicide Prevention Australia.[30] Hoops 4 Health also provides an example of a culturally relevant primary prevention program for promoting cardiovascular health, which is conceived and delivered by, with and for Aboriginal and Torres Strait Islander communities. Initiatives of this kind can help to reduce demand for cardiac rehabilitation and secondary prevention for First Nations peoples.[31–33]

5 | COMMUNITIES ARE BEST PLACED TO GENERATE SOLUTIONS

Strengthening rural and remote liveability helps to keep people well, thereby reducing the need for acute health services. However, most of the policy decisions that lead to investments in areas such as housing, employment transport, education, energy, water and particularly social infrastructure, lie outside the direct control of the health sector.[34] Strengthening the delivery of health services in rural and remote areas requires a place-based integrated approach to building and retaining a local health workforce, underpinned by strengthening and promoting the liveability of those places via affordable housing, strong local education and training services, placement opportunities and career incentives for students to stay or return upon graduation.[35] Promoting population health and well-being is, therefore, everyone's business, and not just the role of the health and human service sector. This complex policy environment requires an integrated, intersectoral response.[36]

Regional governance structures exist across Australia, comprising partnerships between federal and state government departments and local councils, along with higher education, NGOs and local community organisations. However, community involvement is limited and often needs to be more efficient. It is in these intersectoral partnerships that local health sector advocates can help inform the development of local evidence-informed strategies to strengthen the long-term viability of rural and remote places in which people will live, work, deliver health services, and create and participate in resilient and vibrant communities.

Community-engaged partnerships between rural and remote communities and the universities that serve them are essential for generating grounded evidence about issues and opportunities to respond iteratively to the local health context through research, learning, program development and evaluation.[37] At their best, university–community partnerships create the ideal conditions for potential service users to contribute to developing locally relevant programs through the use of participatory, iterative co-design principles.[38] Local communities can engage with researchers to develop solutions to promote and strengthen community well-being through population health promotion and disease and injury prevention; build a comprehensive system of health and health care literacy, self-care support; deliver high-quality primary care, telehealth, chronic disease management, shared care and self-care support; and promote health literacy and e-health literacy, especially among older people and disadvantaged populations.[39] In 2022, Flinders University's Aboriginal-led health centre Poche SA + NT cemented a partnership with Hoops 4 Health to help train 500 people as health leaders by 2025, and to support Hoops 4 Health program evaluation.[40] The First Thousand Days in Burnie, Tasmania provides an additional exemplar of a place-based, co-design approach, in partnership with a local university, to responding proactively to local issues.

6 | CASE STUDY: FIRST THOUSAND DAYS

First Thousand Days is a collaboration between Burnie Works, the local Burnie Child Family Learning Centre at the University of Tasmania and the Burnie Community House. The program is a response to the significant shortage of allied health professionals in the Northwest coast of Tasmania. The program aims to develop learning pathways for parents during their child's first 1000 days. It uses a place-based approach to build parents' capacity to promote early childhood development across four key domains of nutrition, movement environment, managing stress and ensuring caring connections.[41] Using a storytelling approach and a co-design process, parents work with academics, allied health professionals and service providers to develop accessible learning materials and pathways most relevant for use in their local communities. Program governance is also notable for its shared decision-making approach. Local community members are part of the project steering group, along with government representatives. Capacity-building support is provided to community members and government representatives alike. This learning and development also helps to ensure effective collective monitoring and evaluation of the project's implementation and outcomes. The program is being adapted for use in other communities around Australia.

7 | DISCUSSION

As suggested above, when engaging in research in rural and remote areas, and especially with Aboriginal and Torres Strait Islander communities, it is critically important to understand local protocols, local customs and knowledge. It is important to understand the past experiences that those communities have had with research. For non-Indigenous researchers to work authentically and productively with Aboriginal and Torres Strait Islander participants, this often involves a commitment to working 'two ways' using a bicultural approach.[42] This includes a commitment to Indigenous data sovereignty, in which Aboriginal and Torres Strait Islander people are involved in all aspects and stages of the research process.[43] Aboriginal and Torres Strait Islander organisations themselves—including research institutes—can provide an ideal bicultural interface between Aboriginal and Torres Strait Islander peoples, and mainstream health organisations and universities.[31–33,40] Community engagement and co-design principles underpin this entire approach. Investment in local research and evaluation capacity and capability building are also essential. Using a bicultural approach enables non-Indigenous researchers to learn about cultural ways and for Indigenous participants to gain western skills in research and evaluation.[44] This growth then flows from one project to another and helps grow a pipeline of Aboriginal and Torres Strait Islander researchers successfully completing higher education.

8 | CONCLUSION

A significant opportunity exists to champion a 'health in all policies approach' with people living in rural and remote places. Rural and remote communities are already more closely connected, and often work effectively across different disciplines and sectors. For these reasons, rural and remote health sector advocates need to lead discussions with economists and departments of regional development about delivering stronger health outcomes by building up the economic, environmental, and human capital of local places. There are many published examples of innovative models from which to learn. We encourage interested colleagues to synthesise existing practice exemplars and then use these insights to inform future innovative practice in rural and remote areas. As a first principle, we need to ensure that communities are located at the centre of efforts to generate locally appropriate solutions for the challenges and opportunities that they face.

AUTHOR CONTRIBUTIONS

Iain Butterworth: Writing – original draft; writing – review and editing; conceptualization. **Timmy Duggan:** Writing – review and editing; conceptualization. **Rodney Greene:** Conceptualization; writing – review and editing. **Matthew McConnell:** Conceptualization; writing – review and editing. **James A. Smith:** Conceptualization; writing – review and editing. **Susanne Tegen:** Conceptualization; writing – review and editing. **Carmel Williams:** Conceptualization; writing – review and editing. **Neha Lalchandani:** Conceptualization; writing – original draft. **Amy Stearn:** Conceptualization; writing – original draft.

CONFLICT OF INTEREST STATEMENT

The authors whose names are listed above certify that they have NO affiliations with or involvement in any organisation or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships,

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