



The Australian Rural Health Game

Facilitator guide



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WHAT IS THE AUSTRALIAN RURAL HEALTH GAME?

The Australian Rural Health Game is a resource designed to support learners' understanding of the social, cultural, historical, economic, and environmental factors contributing to health disparities and inequity experienced by people living in rural Australia, as well as to foster discussion about these effects at the individual, community, and population level.

The Australian Rural Health Game represents one year in the life and health of fictional patients living in rural Australia. Players select one of eight patient profiles and are exposed to risk and protective factors throughout the game. At the end of the game, players determine whether their overall health has improved, deteriorated, or remained stable.

WHY PLAY?

People living in rural Australia experience significantly poorer health outcomes than their urban counterparts.³⁷ All health professionals, no matter where they work, require a sound understanding of the social determinants of health (SDoH) and their impact on health inequity. Despite this, evidence of the most effective instructional and assessment methodologies in SDoH education is lacking.⁶⁹ Evidence indicates game-based learning encourages non-threatening competition to capitalise on heightened learner arousal, allowing for high-level engagement and dynamic group discussion.⁷⁰

During The Australian Rural Health Game, learners may be frustrated by a lack of agency, highlighting that patient's "choices" are constrained by the SDoH.⁷¹ The game also examines privilege in a safe learning environment and frames inequities as unfair consequences of social structures.⁷² Whilst learners engage at the individual level, the main purpose of the game is to demonstrate that the SDoH have a measurable and predictable effect on health outcomes at the population level.

WHO IS THE GAME FOR?

The Australian Rural Health Game is designed to be played by undergraduate and postgraduate health professions students including medical, nursing, dental, pharmacy and allied health disciplines but could be employed with students in education, humanities, and policy sectors. Use in vocational or workplace training is another possible application of The Australian Rural Health Game.

RESOURCES

To play this game, you will need the following resources:

- Game board
- Instructions
- Facilitator guide
- 8 patient profiles and matching player tokens
- 30 protective cards
- 30 risk cards
- A six-sided die

WARNING

This game contains references to themes of **suicide, adverse childhood experiences, family violence, and road traffic crashes**, which some individuals may find distressing. It is advised that facilitators exercise judgement and remove any distressing risk cards if needed. Facilitators should warn all players that the game raises potentially distressing themes.



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HOW TO PLAY

The game requires approximately one hour to introduce, play, and facilitate discussion. The game is ideally played with two to five adult players with a maximum of eight. Game instructions are provided in a separate document. At the start of the game, each player chooses a patient profile which provides information about their SDoH.



Game Board



Player Profile Example

SAM 45 YEARS	
Place of birth & citizenship Australian, Australian citizen	Private health insurance Medicare only
Accessibility	Concession or health care card
MIWA	Health care card
Gender, identity & sexual orientation	Family Single, one child
Non-binary, bisexual	Social circumstances Extended family lives a 4 hour drive away and see them infrequently
Enrolled in the National Cervical Screening Program	Home Rural
Parental presence	Transport Public transport/State
Stepchildren	Lives in town
Education & literacy level	Health Rural
Year 12 Higher School Certificate	Other regional*
Reading age 17.12 years	
Health literacy	
High	
Employment	
Retail (multiple part-time jobs)	
Household income	
Below median income, receives Parenting payment	

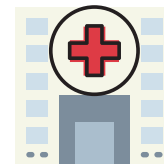
Players move across the game board by rolling one six-sided die, stopping on red squares (risk factors) and green squares (protective factors) either harming or improving their health. Players make four Health Service stops which reflects that Australians visit their General Practitioners (GPs) 5.6 times per year on average.⁶⁸ Players roll the die to determine the quality of their health care experience. Each player's *Difficulty accessing health services number* is a created mechanism to reflect their relative ease or difficulty accessing health care.



Protective Card



Risk Card



Health Service Space

At the end of the game, players calculate their overall health status at the year's end. A player's health improves, deteriorates, or remains stable depending on their final score. After the game, the facilitator leads players through a discussion inviting them to reflect on their experiences and consider the connections between the game and the lives of rural people.

AFTER THE GAME

The game may be used as a stand-alone activity or as part of broader population health teaching and is best supported by facilitated discussion. Below are some questions for guided discussion and reflection, though you may prefer to use questions best suited to your context.

- Did your patient's health deteriorate, improve, or stay stable over the course of game/year? Why do you think that happened?
- What are some of the possible experiences that might impact a patient's Health Service visit?
- What can you see as positive or protective aspects of rural life?
- What did you find surprising or memorable about the game?
- What did you find difficult or challenging about the game?
- What did you learn that was new to you?
- Have you seen any of the SDoH influencing health outcomes in your current clinical context? What did that look like and why?
- How might you go about understanding more about a patient's SDoH?
- How might understanding the SDoH impact patient care?
- What questions has the game raised for you and how will you find answers?



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ACKNOWLEDGEMENTS

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The Australian Rural Health Game team acknowledge the concept for this game is adapted from the **Rural Social Determinants of Health Game** Toolkit developed by the Cultural Competency Team, an inter-office collaboration between **Colorado Community Health Network (CCHN)** and **Community Health Association of Mountain/Plains States (CHAMPS)** in the United States. The University of Sydney have adapted game materials with the written permission of CCHN/CHAMPS Cultural Competency Team and we thank them for allowing us to adapt their excellent work to the Australian context. We also acknowledge that the original concept for the game, **Life Course Game**, was developed by **CityMatCH** and its partners, **Contra Costa Health Services** and the **California Endowment** and we thank them for their consent to use their original concept.

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The Australian Rural Health Game has been developed on lands of the Wiradjuri and Gadigal peoples and we pay respect to Elders, past, present, and emerging. We recognise the millennia of shared knowledges across innumerable generations for the benefit of all.



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The Australian Rural Health Game

Instructions



WARNING

This game contains references to themes of **suicide, adverse childhood experiences, family violence, and road traffic crashes**, which some individuals may find distressing. Discretion is advised.

STARTING THE GAME

- The Australian Rural Health Game reflects a year in the life of a rural patient.
- Game is ideally played with 2–5 adult players, maximum 8.
- Each player selects one patient profile and a matching coloured game token.
- Take turns reading your patient profiles aloud.
- Determine the order of play by rolling the die. Highest number goes first and continue in clockwise direction.
- Some cards will ask you to alter your patient profile. Use a pen or pencil to do so. You may keep your patient profile at the end of the game.

PLAYING THE GAME

Roll the die and move forward that number of spaces.

- If you land on a blank space, do nothing.
- If you land on a **RED** space, take a **RISK** card, and follow the instructions.
- If you land on a **GREEN** space, take a **PROTECTIVE** card, and follow the instructions.
- Keep the cards that you draw unless otherwise instructed.
- If you land on a **RED** or **GREEN** space after completing the directions on a **RISK** or **PROTECTIVE** card, stay where you are (do not draw another card or move again).
- If the **RISK** or **PROTECTIVE** cards provide contradictory instruction, follow the most recent instruction.

HEALTH SERVICE SPACE – STOP!

Each time you reach a **Health Service** you must **STOP** for a visit even if you do not land directly on the space or you are directed to move beyond it by a **RISK** or **PROTECTIVE** card. Once in the **Health Service**, on your next turn, roll the die. You must roll a number at least the same or higher as your *Difficulty accessing health service number* on your patient profile before continuing. Each failed roll represents a poor health service experience that keeps you from accessing the care and services you need. Once you roll your *Difficulty accessing health service number* or higher, move the number of spaces indicated on the die and continue playing.



Protective Card



Risk Card



Health Service Space

ENDING THE GAME

Once one player reaches the final space on the board, the game ends.

Count your **PROTECTIVE** and **RISK** cards (excluding those you were instructed to discard). Subtract the number of **RISK** cards from the number of **PROTECTIVE** cards.

Add the following points depending on where you were when the game ended:

1 st place	+4 points
2 nd place	+2 points
3 rd place	0 points
4 th place	-2 points

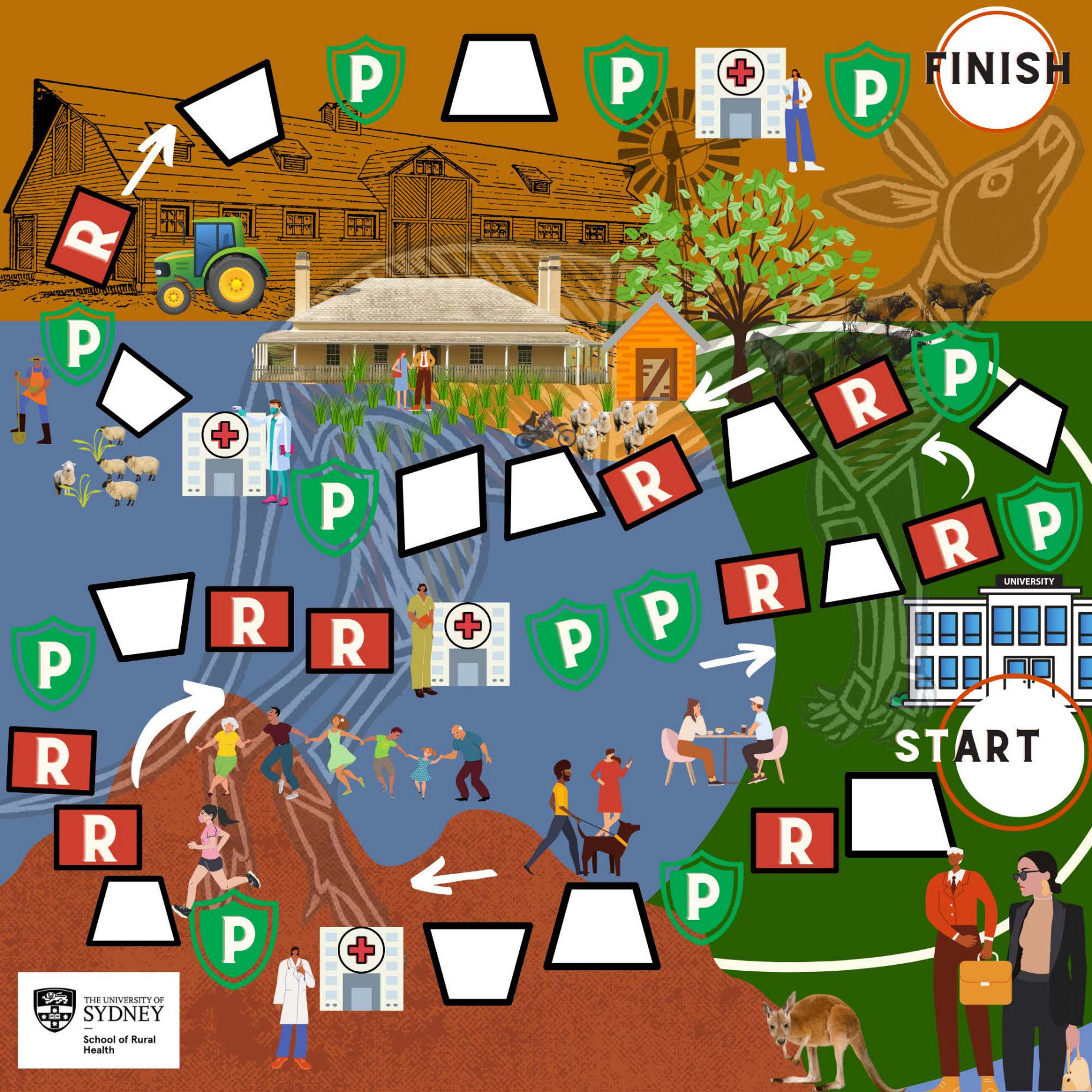
Subtract a further 2 points for any additional players (i.e. -4 for 5th).

In the event of a tie, award points based on final position, but skip the next position(s) as appropriate for players finishing lower.

The player with the highest score wins.

Your final score indicates whether your patient's health status improved, remained stable or deteriorated over the year:

- > 2 = Health improved
- 0–2 = Health stable
- < 0 = Health deteriorated



FINISH

START

LINH



DAVID



LINH 52 YEARS

Place of birth & citizenship

Vietnam, migrated to Australia aged six
Australian citizen

Race/ethnicity

Vietnamese

Gender identity & sexual orientation

Female, heterosexual

Personal pronouns

She/her

Education & literacy level

Bachelor's degree
Reading age >18 years

Health literacy

High

Employment

Primary school teacher

Household income

Above median income

Difficulty accessing health service number

3



Private health insurance

Private hospital

Concession or health care card

None

Family

Married, no children in household

Social connectedness

Attends local Buddhist temple*
Two adult children live nearby*

Home

Owens home with small mortgage

Transport

Owens car, lives 5km from town

Rurality

Inner regional¹

**positive social groups*

DAVID 35 YEARS

Place of birth & citizenship

Australia, Australian citizen

Race/ethnicity

White

Gender identity & sexual orientation

Male, heterosexual

Personal pronouns

He/him

Education & literacy level

Certificate IV TAFE
Reading age 17-18 years

Health literacy

High

Employment

Full-time mine worker

Household income

Above median income

Difficulty accessing health service number

2



Private health insurance

Private (hospital and extras)

Concession or health care card

None

Family

Single, no children

Social connectedness

Minimal due to shift work
Extended family live >4 hours away

Home

Owens home outright

Transport

Owens ute, lives in town

Rurality

Remote area¹

**positive social groups*

JENNIFER



YUSUF



JENNIFER 81 YEARS

Difficulty accessing health service number

3

Place of birth & citizenship

England, migrated to Australia aged 19
Australian citizen

Race/Ethnicity

White

Gender identity & sexual orientation

Female, heterosexual

Personal pronouns

She/her

Education & literacy level

A levels (Year 12 equivalent)
Reading age >18 years

Health literacy

High

Employment

Farmer

Household income

Above median income

Private health insurance

Private (hospital and extras)

Concession or health care card

None

Family

Married, four children, 11 grandchildren

Social connectedness

Secretary of local grain growers' group*
Two sons live on same property*

Home

Owns 5000 hectares

Transport

Owns ute, lives 70km from town

Rurality

Very remote area¹

**positive social groups*

YUSUF 37 YEARS

Difficulty accessing health service number

4

Place of birth & citizenship

Iraq, resettled with family under humanitarian
program, Humanitarian Visa

Race/Ethnicity

Yazidi

Gender Identity and sexual orientation

Male, heterosexual

Personal pronouns

He/him

Education and literacy level

Bachelor's degree in Iraq
Reading age 9-12 years (in English)

Health literacy

Low

Employment

Labourer

Household income

Below median income

Private health insurance

Medicare only

Concession or health care card

None

Family

Married, two children

Social connectedness

Works with other Yazidi refugees on
transforming plot of land into a farm*

Home

Renting (experiencing rental stress)

Transport

Owns car
Lives in town

Rurality

Outer regional¹

**positive social groups*

LEANNE



SAM



LEANNE 25 YEARS

Difficulty accessing health service number



Place of birth & citizenship

Australia, Australian citizen

Race/Ethnicity

White

Gender identity & sexual orientation

Female, heterosexual

Personal pronouns

She/her

Education & literacy level

Year 10 School Certificate

Reading age 13-16 years

Health literacy

Low

Employment

Seasonal agricultural worker

Household income

Below median income

Receives Parenting payment

Private health insurance

Medicare only

Concession or health care card

Health care card

Family

Married, primary carer of my two children

Social connectedness

Volunteers at school canteen weekly*

Home

Renting (experiencing rental stress)

Transport

Owns car, lives 25km from town

Rurality

Outer regional¹

**positive social groups*

SAM 45 YEARS

Difficulty accessing health service number



Place of birth & citizenship

Australia, Australian citizen

Race/Ethnicity

White

Gender identity & sexual orientation

Non-binary, bisexual

Enrolled in the National Cervical Screening Program

Personal pronouns

They/them

Education & literacy level

Year 12 Higher School Certificate

Reading age 17-18 years

Health literacy

High

Employment

Retail (multiple part-time jobs)

Household income

Below median income, receives Parenting payment

Private health insurance

Medicare only

Concession or health care card

Health care card

Family

Single, one child

Social connectedness

Extended family lives 4 hours' drive away and see them infrequently

Home

Renting

Transport

Public transport/taxis

Lives in town

Rurality

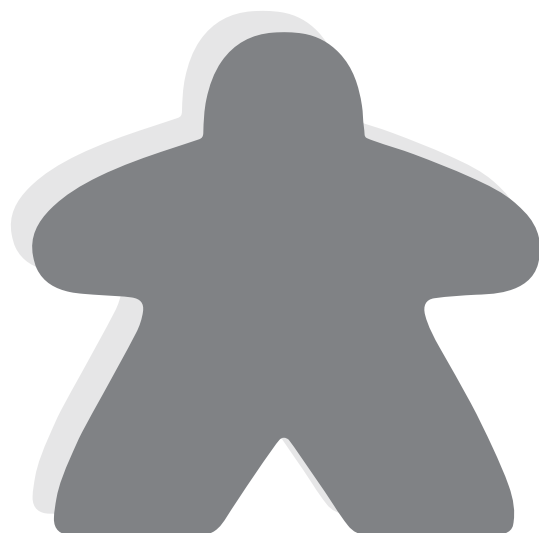
Outer regional¹

**positive social groups*

TAMIKA



JOHN



TAMIKA 17 YEARS

Place of birth & citizenship

Australia, Australian citizen

Race/Ethnicity

Wiradjuri woman

Gender identity & sexual orientation

Female, heterosexual

Personal pronouns

She/her

Education & literacy level

Year 11, School-based traineeship with TAFE

Reading age 17-18 years

Health literacy

Low

Employment

Student, works part-time at local café

Household income

Below median income

Receives ABSTUDY

Difficulty accessing health service number



Private health insurance

Medicare only

Concession or health care card

Health care card

Family

Lives with parents and three siblings

Social connectedness

Plays netball (school and community teams)*

Close family connections*

Home

Renting

Transport

Family have a car, lives in town

Rurality

Inner regional¹

**positive social groups*

JOHN 13 YEARS

Place of birth & citizenship

Australia, Australian citizen

Race/Ethnicity

White

Gender identity & sexual orientation

Male, gay

Personal pronouns

He/him

Education & literacy level

Year 8

Reading age 13-16 years

Health literacy

Low

Employment

Student

Household income

Above median income

Difficulty accessing health service number



Private health insurance

Private (hospital and extras)

Concession or health care card

None

Family

Parents divorced, lives with father

Social connectedness

Online gaming*

Mum lives 3 hours away

Home

Father owns home
(experiencing mortgage stress)

Transport

Has his own bike, father owns car

Lives in town

Rurality

Outer regional¹

**positive social groups*



Your health service employs an Aboriginal
Health Practitioner.

**IF YOU ARE AN ABORIGINAL PERSON, YOUR
DIFFICULTY ACCESSING HEALTH SERVICE
NUMBER IS REDUCED TO 1 AT YOUR NEXT
HEALTH SERVICE VISIT. IF YOU ARE NOT AN
ABORIGINAL PERSON, GIVE THIS CARD TO
ANY ABORIGINAL PLAYER TO USE AND DRAW
YOURSELF ANOTHER PROTECTIVE CARD. IF
THERE ARE NO ABORIGINAL PLAYERS, DISCARD.**

*Aboriginal Health Practitioners have a positive effect on
communication and continuity of care.³³*

Free condoms are distributed at your local community health centre, reducing STI transmission.

MOVE FORWARD 1 SPACE IF YOU ARE <30 YEARS OLD.

The Freedom Condom Project provides people aged <30 years with access to free condoms and sexual health information at >140 locations across NSW.²

Your mum's midwife helped her quit smoking during her pregnancy.

MOVE FORWARD 1 SPACE.

The proportion of mothers who smoked during pregnancy decreased from 13% in 2010 to 8.7% in 2020 and 24% of mothers quit smoking during pregnancy.³

Your community has the best air quality
in the state.

MOVE FORWARD 2 SPACES.

The physical and mental health impacts of heat and air pollution are most obvious in major cities and industrial zones of peri-urban regions.⁴

There has been an optimal growing season.

ALL PLAYERS NOT CURRENTLY IN A HEALTH SERVICE, MOVE FORWARD 1 SPACE. MOVE FORWARD AN ADDITIONAL SPACE IF YOU ARE EMPLOYED IN AGRICULTURE.

Agriculture accounted for 11.6% of exports and 2.4% of gross domestic product (approximately \$71b AUD) in 2021-22.^{5,6}

An allied health service provides access to early intervention for a family member with a disability.

MOVE FORWARD 1 SPACE. MOVE FORWARD AN ADDITIONAL SPACE IF YOU EARN BELOW MEDIAN INCOME OR DO NOT HAVE PRIVATE EXTRAS HEALTH INSURANCE.

Early intervention and prevention programs in maternal, child and family health improve children's health outcomes.⁷

You win a year of full private health insurance.

**IF YOU DO NOT HAVE PRIVATE HEALTH
INSURANCE, MARK THAT YOU NOW DO
AND MOVE FORWARD 2 SPACES.**

In 2021-22, it took half the time for a privately insured patient to access the 25 most common procedures compared with public patients.⁸

A new library opens in your community.

**IF YOU ARE AN ADULT MOVE FORWARD
1 SPACE, CHILDREN (<18 YEARS) MOVE
FORWARD 2 SPACES.**

*Public libraries offer universal free access to information
and early literacy programs which can influence
health literacy.⁹*

Teleoncology services become available
to your community.

MOVE FORWARD 1 SPACE.

Teleoncology services improve patient experiences and independence¹⁰ while saving them time and travel.¹¹

A new rail line begins operating
in your community.

**MOVE FORWARD 1 SPACE. IF YOU DO NOT OWN
YOUR OWN TRANSPORT, MOVE FORWARD
AN ADDITIONAL SPACE.**

*Effective transportation infrastructure ensures quality
of life for rural communities and increases regional
business potential.¹²*

Gold is discovered in your community creating new job opportunities.

ALL PLAYERS NOT CURRENTLY IN A HEALTH SERVICE, MOVE FORWARD 1 SPACE. IF YOU ARE UNEMPLOYED, CHANGE STATUS TO EMPLOYED AND MOVE FORWARD AN ADDITIONAL SPACE.

The main perceived benefit of mining in regional communities is the creation of jobs and improved infrastructure such as roads and ports.¹³

A new psychologist moves to your community
and you access subsidised mental health care
to treat your depression.

MOVE FORWARD 2 SPACES.

*Increasing remoteness is associated with lower use of
subsidised mental health services.¹⁴*

A new medical clinic opens in your community.

**YOUR DIFFICULTY ACCESSING HEALTH
SERVICE NUMBER DECREASES BY 1
(to a minimum of 2).**

In 2018, 78.2% of patients had a preferred GP and those with a usual GP reported better experiences of care.¹⁵

An LGBTQ+ inclusive health provider moves
to your community.

**IF YOUR PROFILE INDICATES YOU ARE LGBTQ+
MOVE FORWARD 2 SPACES.**

*LGBTQ+ inclusive health providers reduce barriers to
accessing appropriate and safe care.¹⁶*

Local council reviews and implements policies to limit the sale and consumption of alcohol in the CBD.

MOVE FORWARD 1 SPACE.

The World Health Organisation recommends reduced hours of sale to decrease alcohol-related harm.¹⁷

You adopt a puppy and start walking daily.

MOVE FORWARD 2 SPACES.

Dog ownership is associated with lower cardiovascular mortality.¹⁸ Dog owners are more likely to live in regional areas.¹⁹

Your community organises a weekly farmers market on the outskirts of town.

MOVE FORWARD 1 SPACE. MOVE FORWARD AN ADDITIONAL SPACE IF YOU OWN YOUR OWN TRANSPORT.

Higher intakes of fruit and vegetables are associated with lower mortality²⁰ and lower rates of chronic disease.²¹

You join your local Tidy Town committee
and your town wins tidiest in state.

**MOVE FORWARD 1 SPACE AND ADD THIS
GROUP AS A POSITIVE SOCIAL CONNECTION
ON YOUR PROFILE.**

*Rates of volunteering are higher in rural areas²² and
there is a positive relationship between volunteering and
improved measures of mental and physical wellbeing.²³*

A mobile optometry van visits your community providing eye checks and free glasses.

**IF YOU EARN BELOW MEDIAN INCOME
OR HAVE A CONCESSION CARD, MOVE
FORWARD 1 SPACE.**

The NSW Spectacles Program provides free glasses and vision aids to financially disadvantaged NSW residents.²⁴

You receive a pay increase at work.

IF YOU ARE EMPLOYED, MOVE FORWARD 2 SPACES. IF YOU ARE NOT EMPLOYED, DISCARD AND DO NOT USE FOR SCORING.

People in the top 20% income bracket live 6.4 years longer on average than those in the bottom 20%.²⁵

You offer to be the designated driver
after a party.

**IF YOU OWN A VEHICLE, MOVE FORWARD 2
SPACES AND MOVE ANOTHER PLAYER OF YOUR
CHOOSING FORWARD 1 SPACE.**

*A disproportionate number of drink-driving crashes occur
on rural roads²⁶ and are more likely to be more severe
than on urban roads.²⁷*

A community garden is established
in your town.

**MOVE FORWARD 1 SPACE AND ADD THIS
GROUP AS A POSITIVE SOCIAL CONNECTION
ON YOUR PROFILE.**

*Community gardens are key contributors to improving
health and wellbeing.²⁸*

You establish a community bushwalking club.

**MOVE FORWARD 1 SPACE FOR EACH POSITIVE
SOCIAL GROUP YOU CURRENTLY HAVE AND
ADD THIS GROUP AS A POSITIVE SOCIAL
CONNECTION ON YOUR PROFILE.**

Nature exposure is associated with improved cognitive function, mental health, physical activity, sleep, and blood pressure.²⁹

A new multi-disciplinary medical centre opens within walking distance of your home.

MOVE FORWARD 1 SPACE. IF YOU ARE AGED OVER 55, MOVE FORWARD AN ADDITIONAL SPACE.

Age increases the prevalence of complex multimorbidity³⁰ and multi-disciplinary care planning has a positive impact on health outcomes.³¹

You receive a scholarship to attend university.

**MOVE FORWARD 2 SPACES AND CHANGE
YOUR HIGHEST LEVEL OF EDUCATION
TO BACHELOR'S DEGREE.**

People aged 25 years with a university qualification have longer life expectancies than their peers who did not complete Year 12 or earn a post-secondary qualification (9.1 years for men and 5.5 years for women).³²

Your local women's health centre
offers free yoga.

**IF YOU IDENTIFY AS FEMALE, MOVE FORWARD
1 SPACE. IF YOU DO NOT IDENTIFY AS FEMALE,
GIVE THIS CARD TO A PLAYER WHO IDENTIFIES
AS FEMALE TO KEEP AND DRAW YOURSELF
ANOTHER PROTECTIVE CARD. IF THERE ARE NO
FEMALE PLAYERS, DISCARD.**

*Yoga has been shown to improve strength, balance, and
flexibility, as well as mental wellbeing.³⁴*

The local Men's Shed starts
woodworking classes.

**IF YOU IDENTIFY AS MALE, MOVE FORWARD 1
SPACE. IF YOU DO NOT IDENTIFY AS MALE, GIVE
THIS CARD TO A PLAYER WHO IDENTIFIES AS
MALE TO KEEP AND DRAW YOURSELF ANOTHER
PROTECTIVE CARD. IF THERE ARE NO MALE
PLAYERS, DISCARD.**

*Members of Men's Sheds have higher physical
functioning and better general and mental health
than non-shed members.³⁵ Over half (55%) of Shed
members live in regional Australia.³⁶*

You move to a regional city.

**MOVE FORWARD 2 SPACES AND
CHANGE YOUR PROFILE IF REQUIRED
TO REFLECT YOU NOW LIVE IN AN INNER
REGIONAL AREA AND LIVE IN TOWN.**

Living in an inner regional area increases access to health and education opportunities compared with residing more remotely.³⁷

You rent or buy a house with a backyard
and start gardening regularly.

MOVE FORWARD 1 SPACE.

*Gardening increases life satisfaction and quality
of life and reduces depression, anxiety, and body
mass index.³⁸*

You receive Active Kids vouchers to subsidise the cost of community sport.

IF YOU ARE A CHILD OR HAVE CHILDREN OR GRANDCHILDREN, MOVE FORWARD 2 SPACES. IF NOT, DISCARD AND DO NOT USE FOR SCORING.

Participation in sports increases physical and social function along with general and mental health.³⁹



**You have an acute myocardial infarction
(heart attack).**

**MOVE BACK 2 SPACES IF YOU ARE AGED
>30 YEARS.**

Coronary heart disease is the leading cause of death across all remoteness areas with higher age-standardised rates in remote (1.3 times) and very remote (1.6 times) areas.³⁷ The further a patient lives from a major city, the higher their risk of hospitalisation and death due to coronary heart disease.⁴⁰

The only GP in your community retires.

**YOUR DIFFICULTY ACCESSING HEALTH
SERVICE NUMBER INCREASES BY 1
(to a maximum of 6).**

People living in rural areas are less likely to have a usual GP and wait for longer to see a provider.³⁷

A bushfire blocks the road between your community and the nearest health clinic.

MOVE BACK 2 SPACES.

Rural communities are disproportionately affected by climate change. Bushfires cause loss of crops, livestock and rural infrastructure and smoke adversely affects human health.⁴¹

It's Sunday, you are unwell and there is no weekend bus service.

**IF YOU DO NOT HAVE YOUR OWN TRANSPORT,
MOVE BACK 2 SPACES.**

Poor or non-existent public transport in rural communities exacerbates social isolation and inequality in healthcare and education access.⁴²

You are exposed to a respiratory hazard at work.

IF YOU WORK IN AGRICULTURE, MINING OR CONSTRUCTION, MOVE BACK 2 SPACES.

Nearly half (47.3%) of working Australians are exposed to at least one asthmagen at work.⁴³

The supermarket in your town closes leaving no local source of fresh fruit and vegetables.

MOVE BACK 1 SPACE FOR EACH OF THE FOLLOWING: YOU EARN BELOW MEDIAN INCOME; YOU DO NOT HAVE YOUR OWN TRANSPORT.

Food prices are higher in smaller towns and remote areas.⁴⁴

A close friend dies by suicide.

SKIP YOUR NEXT TURN.

Suicide rates increase with remoteness and the impact of suicide is often magnified in rural communities due to their smaller size and interconnectedness.⁴⁵

A new mine opens and housing costs
rise rapidly.

**IF YOU ARE RENTING, MOVE BACK 2 SPACES
AND KEEP CARD FOR SCORING. IF YOU
OWN YOUR HOME, DISCARD AND DO NOT
USE FOR SCORING.**

*Lack of affordable housing is common in most
Australian mining towns.⁴⁶*

You are diagnosed with renal failure and
need dialysis three times per week.

**MOVE BACK 3 SPACES IF YOU DO NOT HAVE
YOUR OWN TRANSPORT.**

*Rural chronic kidney disease patients face significant
economic, logistical, and psychological obstacles to
accessing care.⁴⁷*

Someone in your household regularly
smokes cigarettes.

MOVE BACK 2 SPACES.

*Tobacco is the leading preventable cause of morbidity
and mortality.⁴⁸ Rural residents are more likely
to smoke than their urban counterparts.³⁷*

You are diagnosed with diabetes.

**MOVE BACK 1 SPACE FOR EACH OF THE
FOLLOWING: LOW HEALTH LITERACY;
LIVE >30KM FROM TOWN; NO PRIVATE
EXTRAS HEALTH INSURANCE; EARN
BELOW MEDIAN INCOME.**

Rural people with diabetes are less likely to see their GP regularly than their metropolitan counterparts.⁴⁹

During a severe drought, your town runs out of water.

MOVE BACK 1 SPACE. MOVE BACK AN ADDITIONAL SPACE FOR EACH OF THE FOLLOWING: YOU EARN BELOW MEDIAN INCOME; YOU DO NOT HAVE YOUR OWN TRANSPORT.

Rural communities are more vulnerable to water shortages, leading to physical discomfort and diminished liveability and livelihoods in exposed communities.⁴¹

You need orthotics.

**IF YOU DO NOT HAVE PRIVATE EXTRAS
HEALTH INSURANCE OR EARN ABOVE
MEDIAN INCOME, MOVE BACK 2 SPACES.**

Rural Australians are less likely to have private health insurance than those living in major cities (51% v 61%).⁵⁰

You lose your job.

**IF YOU WERE EMPLOYED AND EARNED BELOW
MEDIAN INCOME, MARK YOU ARE UNEMPLOYED
AND MOVE BACK 2 SPACES. IF YOU WERE
EMPLOYED AND EARNED ABOVE MEDIAN
INCOME, MARK YOU ARE UNEMPLOYED AND
INCOME BELOW MEDIAN AND MOVE BACK
1 SPACE. IF YOU WERE ALREADY UNEMPLOYED
TAKE NO FURTHER ACTION.**

Unemployment rates are higher in rural areas.⁵¹

You experienced four adverse
childhood events (ACEs).

MOVE BACK 2 SPACES.

Exposure to ≥ 4 ACEs such as childhood emotional, physical, or sexual abuse, or household dysfunction increases the risk of chronic disease and mental health issues in adulthood 4-12 fold.⁵²

You are involved in a serious car crash.

MOVE BACK 2 SPACES.

Rural road crashes pose a greater risk of fatality or serious injury due to increased travel speed.

The non-use of seatbelts increases with remoteness contributing to severity.⁵³

You are experiencing family violence.

MOVE BACK 3 SPACES.

People in remote/very remote areas are 24 times more likely to be hospitalised for family violence.⁵⁴

You or your partner has an
unintended pregnancy.

**IF YOU ARE AGED BETWEEN 16-50 YEARS,
MOVE BACK 2 SPACES.**

*There are fewer family planning options and less
access to abortion in rural areas.⁵⁵*

You develop depression.

MOVE BACK 2 SPACES. MOVE BACK A FURTHER SPACE FOR EACH OF THE FOLLOWING: YOU LIVE IN A REMOTE/VERY REMOTE AREA; LIVE >30KM FROM TOWN.

Increasing remoteness reduces help-seeking for mental health concerns and increases levels of stoicism.⁵⁶

You experience racism at your local
medical centre.

**IF YOU ARE AN ABORIGINAL PERSON OR A
PERSON OF COLOUR, MOVE BACK 2 SPACES.**

*Racial discrimination is a risk factor for disease
and a contributor to racial disparities in health.⁵⁷
Rural Aboriginal patients report more issues with
communication and respect than their urban
counterparts.⁵⁸*

You left (or will leave) school aged 16.

**MOVE BACK 2 SPACES AND CHANGE YOUR
HIGHEST LEVEL OF EDUCATION TO DID NOT
COMPLETE HIGH SCHOOL.**

Rural Australians are less likely to attain university qualifications or complete Year 12 compared with their urban counterparts.³⁷

There is a major outbreak of COVID-19
in your community.

**MOVE BACK 2 SPACES. MOVE BACK A FURTHER
SPACE IF YOU ARE AGED >60 OR AN
ABORIGINAL PERSON.**

Rural, older and Aboriginal populations are particularly vulnerable to COVID-19 due to lower vaccination coverage, higher rates of co-morbidities and risk factors and strain on local health systems.^{59,60}

The price of fuel increases.

**MOVE BACK 1 SPACE FOR EACH OF THE
FOLLOWING: YOU OWN A VEHICLE; YOU LIVE
>30KM FROM TOWN.**

Petrol prices in regional locations are generally higher than capital cities due to less competition and higher transport costs.⁶¹

Your poor internet connection limits your
access to telehealth.

MOVE BACK 2 SPACES.

*Rural Australians experience a marked digital divide
when compared with their metropolitan counterparts.⁶²*

A local health promotion campaign ends.

**IF YOUR HEALTH LITERACY IS LOW INCREASE
YOUR DIFFICULTY ACCESSING HEALTH SERVICE
NUMBER BY 1 (to a maximum of 6).**

*Rural Australians are more likely to have lower levels
of health literacy than their metropolitan counterparts.⁴⁴*

You are feeling lonely and isolated.

**MOVE BACK 3 SPACES. REDUCE THIS PENALTY
BY ONE SPACE FOR EACH POSITIVE SOCIAL
GROUP YOU HAVE.**

*Lack of social connection contributes
to premature mortality.⁶³*

Your marriage ends in divorce.

**IF MARRIED, MOVE BACK 2 SPACES AND
CHANGE YOUR PROFILE TO DIVORCED.
IF YOU WERE NOT MARRIED, DISCARD AND
DO NOT USE FOR SCORING.**

*Married people live two years longer on average than
their unmarried counterparts.⁶⁴*

The only bulk-billing GP in town starts
privately billing.

**MOVE BACK 1 SPACE. MOVE BACK A FURTHER
SPACE FOR EACH OF THE FOLLOWING:
YOU EARN BELOW MEDIAN INCOME;
AGED >65 YEARS.**

*Out-of-pocket health care expenditure is growing
and disproportionately affects socioeconomically
disadvantaged and older Australians.⁶⁵*

You have not participated in cancer screening.

**MOVE BACK 2 SPACES IF YOU ARE AGED ≥ 50
OR IF YOU HAVE A CERVIX AND ARE AGED ≥ 25 .**

Rural communities have reduced rates of participation in population-level cancer screening, particularly among Aboriginal and Torres Strait Islander peoples.⁶⁶

You develop dental caries.

MOVE BACK 2 SPACES.

Oral health declines with increasing remoteness which is linked to fewer dentists, less access to fluoridated drinking water and higher rates of consumption of sugar sweetened beverages.⁶⁷