

Our vision is that all people living in rural Aotearoa New Zealand will achieve optimal health and wellbeing through access to safe, effective and acceptable health services which honour the Treaty of Waitangi.

“The rural proofing of government policy is embedded in legislation in the United Kingdom and used to be part of the process of government here, it ensures that the impact of changes in government policy on rural communities is taken into account as plans for change are developed.”

“Collectively, the rural population of 600,000 people would make up New Zealand’s second largest city yet spread from Cape Reinga to Bluff, many live and work in geographically and socially isolated areas.”

“In 2011-2012, \$40 billion, or 19% of GDP was generated directly or indirectly by the agri-food sector. If the spending power of these people is taken into account, then the contribution of the agri-food sector is \$53 billion, or \$1 in every \$4 spent in the economy.”

“Government aims to double the value of primary industry exports by 2025.”

“Agriculture and tourism are the powerhouses of our economy. Each year, 2.5 million tourists visit rural New Zealand.”

# RURAL HEALTH ROAD MAP

Growing healthy rural communities in Aotearoa New Zealand.

## REFERENCES

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- Rural Health Challenges of Distance Opportunities for Innovation, National Health Committee, January 2010
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# Growing healthy rural communities in Aotearoa New Zealand.

## A CRITICAL ISSUE FOR NEW ZEALAND'S GOVERNMENT

Rural Aotearoa New Zealand is the heart of our nation. It plays a vital role in our economy, is the focus of much of our leisure activities, and those of a huge number of international visitors every year. We all depend in some way on the vibrancy and sustainability of services in rural communities, whether we are living and working rurally, visiting or just passing through.

Our total rural population, the equivalent of New Zealand's second largest city, lives and deals with endless pressures from all aspect of rural life. Fluctuating international markets, increased business and environmental compliance requirements, dramatic weather and climatic events, increased financial and personal costs of accessing education, and poorer access to health and social services all take a toll on the wellbeing, and vibrancy of rural New Zealand.

Over many years, Government, agribusiness and industry corporates have made decisions about the viability of their services in rural New Zealand. The resulting gradual decline in many rural health, social, education and agribusiness services has eroded the social and commercial structure of rural New Zealand.

Rural communities have responded to the consequences and impact of these decisions by plugging holes as they appear, changing the way they live and work every day, just getting things done. Government aims to double the value of our primary industry exports by 2025. To achieve this goal people living and working in rural New Zealand must be healthy.

There is little information about the prevalence of illness or disease among our rural populations but it is reasonable to assume that its rates of illness or disease are similar to those of New Zealand's total population. However, once diagnosed, rural people unquestionably face greater challenges and costs to access health services and specialist treatments. It's also reasonable to assume that there is far greater impact of disease or illness on rural people and their families. It's also a reasonable assumption that this results in poorer health outcomes.

The lack of data, research and knowledge of the health outcomes of rural New Zealanders results in poor accountability across Government, District Health Boards, and

Primary Health Organisations. Experience shows that data about focus populations enables and supports research, resource allocation and accountability. Over time, this results in improvements in health and social outcomes of the target population.

Data about rural populations must be captured across Government in order to bridge the gap in knowledge to ensure equitable outcomes.

We need joined up actions that address the erosive social and economic impact these decisions have had on the health and social needs of rural communities.

We are calling Government's attention to these issues. We are calling Government to work with us to ensure that rural New Zealand is healthy and able to fulfil Government's expectations of its role to both our national identity and economy.

We are calling Government to put a halt to the erosion of rural health and wellbeing.

### RHĀNZ PRIORITY CALL FOR ACTION

**RHĀNZ calls upon Government to establish and resource a centralised, independent body that is empowered to provide evidence based cross-government rural leadership and advocacy.**

The central function of this independent body will be to provide advice to Government on policies and programmes impacting the health and wellbeing of rural communities. This will include providing leadership and oversight to activities such as:

- The refresh and reintroduction of the rural proofing policy for New Zealand. This will ensure consistency of approach across

Government agencies and avoidance of unintended consequences for rural businesses and communities.

- The establishment of an agreed definition of "rurality" as it pertains to health in New Zealand. This will enable meaningful analysis and reporting of health data and outcomes according to geographical location.

- The establishment of a rural health research agenda and completion, or commissioning of, the critical research issues for Government and rural communities. This will ensure Government is developing and implementing policy from an informed, evidence based position. It will also demonstrate that rural people are getting their fair share of health research resources.

- The establishment of a comprehensive database of information about rural people's health activities and outcomes. This will enable routine comparisons of rural vs urban data across government departments, DHBs/PHOs and NGOs.

- Fostering international relationships with countries with comparable rural health challenges such as Australia, Canada, USA and Scotland. This will ensure New Zealand remains up to date with international learnings and solutions.

RHĀNZ is an umbrella organisation of rural health professionals, rural industry groups and rural community groups. This is a unique platform from which Government and our proposed rural health body can reach across sectors to the many organisations that have an interest in the health and wellbeing of rural communities.

## THIS RURAL HEALTH MAP IS AN EVOLUTION OF THE RHĀNZ RURALFEST NZ 2016 PRIORITIES.

It identifies five priorities that have been agreed by our Alliance members, and calls to Government to action to address each priority.

Enabled by Government's establishment of an independent rural body these calls for action supporting our five areas of priority will collectively improve health and wellbeing of rural New Zealand.

### 1. RURAL WELLBEING

Rural people are connected to their communities and know how to take care of themselves and each other.

Healthy and socially cohesive communities are more productive, more profitable and more sustainable.

They are better able to deal with the stresses of isolation, adverse events and personal problems.

Rural community led, evidence based initiatives will build protective factors and enhance resilience. Earlier identification of problems and greater levels of support closer to home, will reduce the impact of mental distress, illness or addiction across the whole community.

#### CALL FOR ACTION

RHĀNZ calls on the Government to fully resource and implement the RHĀNZ led Framework to Improve Mental Health and Addictions Outcomes in Rural NZ - Nov 2016.

### 2. RURAL CONNECTIVITY

Excellent access to modern communication systems increases access to health and social services, enhances rural lifestyles, and enables profitable rural business communities.

Rural communities depend on reliable and high quality broadband and mobile connectivity to:

- Operate productive businesses
- Attract and retain employees
- Maintain social connections

- Increase access to high quality health and social services

- Cost effectively use a wide range of services

- Access education and professional development opportunities.

Mobile 'blackspots' present risk to the lives and personal safety of tourists, residents and migrant workers as they travel around remote and isolated areas.

#### CALL FOR ACTION

**RHĀNZ calls on Government to:**

- Have all rural medical facilities connected to fibre-like speeds by 2019.
- Have multiple carrier mobile coverage on all State Highways by 2019.
- Provide 99% of the population with more than 50Mbps by 2020 rather than 2025.

### 3. RURAL RESEARCH AND POLICY

Comprehensive and accurate outcomes data about rural people is used to inform community development, resource allocation and health and social service provision.

Data is collected at every point of contact with health and social services and can be linked to where people live.

Analysis and reporting cross agency data on a locality basis will increase accountability, and enable research and evaluation.

This knowledge will inform targeted, evidence based interventions and service development relevant to rural communities.

This information can be applied to measuring the impact of Government policy on rural communities, allocate resources, and target service development and provision.

#### CALL FOR ACTION

**RHĀNZ calls on Government to:**

- Agree a definition of 'rural' relevant to the health and social needs of rural communities enabling consistency across government and the wider sector.
- Systematise the capture of data across government Ministries based on the 'rural' definition.
- Establish a 'rural proofing' tool to work across Government to reduce unintended consequences on rural communities of policy change, agri-business decisions and decisions made by industry corporates who are, or who have, received Government support in one form or another.
- Establish a rural research budget and associated process to build capacity and baseline levels of knowledge.
- A rurally based, inter-professional training programme that grows the teaching and research capacity.

### 4. RURAL HEALTH SERVICES

Rural communities have excellent access to health care services close to home and timely access to specialist and emergency services when required.

Rural health facilities are the heart of many community activities and often a significant employer offering recession resistant jobs. Staff are linked to every corner of the community and increase community health literacy through both their work and social activities.

The sustainability of high quality health and social services in rural communities is dependent on:

- Alignment of service delivery costs to national funding models e.g. Ministry of Health Population Based Funding Formula (PBFF).

- Funding models that reflect the way services are provided - the rural hospital Emergency Department providing urgent, emergency and after hours care, and GP services when this is not available.

- Recognising additional travel time and costs incurred in 'home based services' such as mental health crisis, palliative care, and aged care.

#### CALL FOR ACTION

**RHĀNZ calls on Government to:**

- Review and revise the relevance of the PBFF model to rural health service models.
- Establish DHB accountability tools focussed on rural health outcomes.
- Recognise that primary care, rural hospitals and maternity services are key resources in rural communities.
- Develop and invest in the implementation of a rural recruitment and retention strategy across all staff including ambulance, nursing, midwifery, doctor, allied health and support workers.

### 5. RURAL HEALTH WORKFORCE

Rural health and social service professionals are well resourced and supported to provide the highest quality service for people in their care.

Our rural health and social workforce is in crisis. Across rural NZ this results in:

- Many rural general practices exceeding recommended numbers of enrolled patients per GP.
- Some rural general practices not accepting any new patients.

- Disproportionate numbers of rural workforce nearing retirement.

- 25% of rural general practices seeking one or more full time GPs at any one time.

- Over a third of rural pharmacies have difficulty recruiting new staff.

A comprehensive approach to the recruitment and retention of rural health professionals is required to address this crisis and may include:

- Initiatives that leverage off existing education, incentive, and professional development programmes, and linked to community based services.

- Improvements in working conditions such as on-call, rosters, remuneration, education, and employment for spouses that support and retain the rural health workforce.

#### CALL FOR ACTION

**RHĀNZ calls on Government to:**

- Urgently establish policy and associated investment (including improvements to the Rural Bonding Scheme) to support a sustainable high quality rural health workforce.
- Incorporate internationally proven models that are based on a pipeline approach to rural health workforce training, keeping rurally focussed students in rural areas
- Invest in rural health working conditions.