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**Te Kāwanatanga o Aotearoa**  
New Zealand Government



MINISTRY OF HEALTH

# Summary— Rural Health Strategy 2023

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**TN:** There are two logos at the top of the page. On the top is: Te Kāwanatanga o Aotearoa New Zealand Government. Below that is: Manatū Hauora Ministry of Health.

# Summary—Rural Health Strategy 2023

## Purpose

The Rural Health Strategy sets the direction for improving the health of rural communities over the next ten years. Strategy development was led by Manatū Hauora (Ministry of Health).

## Vision

Our vision is for people living in rural communities to live long and healthy lives, supported by a health system that meets the needs of these communities and draws on the strengths and knowledge of rural communities to improve their health and wellbeing.

## Background

Rural life is varied and changing. The health of rural populations is strongly linked to rural economies, the environment, infrastructure and community connectedness.

In 2022, around one in five (19%) of the New Zealand population lived in rural areas.

Rural communities are resourceful and innovative by necessity. Community organisations and iwi play an important role in connecting rural communities, promoting

health in their communities and supporting rural people through challenging times. They often fill the gaps where government support is not offered or under-resourced.

Rural communities have too often been overlooked in the health system. Rural people can face significant challenges in accessing health care, and experience worse overall health outcomes compared to urban populations.

Rural communities have poorer overall health outcomes than those living in urban centres. Rural communities have a larger share of populations with high health needs including Māori and older people.

When it is hard to access care within the community people live it is more likely that health issues will not be being picked up or treated as early as they could.

Distances to services can also impact treatment options and lessen people's ability to have their whānau (family) near when they are receiving treatment and recovering.

## **What people told us**

The Rural Health Strategy draws on the experiences of rural communities and the rural health sector, as well as evidence from research and health outcomes.

Common themes were lack of access to services, partly from workforce gaps, and from services not being provided within rural communities. There were significant concerns over access to maternity care, mental health services, and emergency and urgent care.

Rural communities want more local input into their services and how they are offered—so they make sense for the varied challenges and strengths within rural communities. This could include more services closer to home, more integrated health care provision and prevention, and care options that have a kaupapa Māori approach (services delivered in culturally appropriate way and are Māori led).

## **Priority areas**

The Rural Health Strategy identifies five priorities for improving health outcomes over the next ten years. Each of the priorities and the direction for change is supported by feedback from rural communities and the health sector.

### **Priority 1: Considering rural communities as a priority group.**

There has been a lack of consideration for the different needs and circumstances of rural communities in health planning and service delivery. Many existing health policies are designed for urban settings.

Rural areas are not smaller urban areas—they have different strengths, needs and community characteristics—and different options and approaches are needed.

We need to improve decision-making to consider and meet rural communities' needs across the health system—from policy and operational decisions, including the design of services, monitoring outcomes, and cross-agency work.

Rural communities will be recognised across the health system as a priority in planning and decision-making.

Current system settings should be reassessed when they contribute to gaps in health needs for rural communities.

## **Priority 2: Prevention: paving the path to a healthier future.**

We will take a population health approach that protects and promotes health and delays ill health.

Creating thriving communities and keeping whānau (family) well requires preventive action at every level. Effective prevention will require actions on the wider factors that negatively affect health, such as living in poor housing, and focus on detecting health issues early.

## **Priority 3: Services are available closer to home for rural communities.**

Access to services is the key problem for rural communities: the further someone lives from a health service, the less likely they are to access health care. We need to design and deliver health services in ways that work better for rural communities.

Rural communities need to be supported to have more services within their community. The balance can be shifted towards better access through increasing both:

- the range of services available in the community, including through integrated services

- mobile outreach or digital options from services based in the main centres, into rural communities, to deliver services to meet a range of the community's needs, including being accessible to disabled people.

## **Priority 4: Rural communities are supported to access services at a distance.**

There will always be a need for people living in rural communities to receive health services from parts of the health system outside their community.

The health system needs to change from expecting people to overcome difficulties to reach the services needed outside their community and begin to offer the support that people need to access care.

When people need to travel distances for health care, this should be managed and supported so that people get the care they need and face less stress to get it.

The options for supporting people should also look at digital supports for people and how this could reduce their need to travel from remote access to care or better digital monitoring reducing the need for more check-ups.

## **Priority 5: A valued and flexible workforce.**

The health workforce is the system's most valuable asset; it is a critical part of delivering all our priorities for rural communities. We need more people training or already working in New Zealand, to choose to work in rural health settings and want to stay in rural roles.

Rural training pathways need to be expanded for all health professions. We need to increase the number of people from rural communities going into health careers and expand the number of long-term rural immersion placements for more professions, involving both rural hospital and community settings.

Broader more flexible training pathways will also provide opportunities for existing workers based in rural areas, such as kaiāwhina (health care assistants), to develop more skills and also take up other health roles.

Building-up more health service options in rural communities requires a workforce to be supported to train for broader, extended roles, and upskill or maintain capabilities, including for increasingly recognised rural-specific roles. The broader training should include training options for supporting a hauora (health) Māori workforce.

Improving the wellbeing of the workforce is also a focus. Supporting an increased rural workforce and having more recognition for rural roles can support improved workforce wellbeing. Also, where tasks can be shared with broader health workforce, or simplified through technology, this can also reduce the burden on the rural health workforce.

The full version of the strategy can be found here: **Rural Health Strategy | Ministry of Health NZ**

([www.health.govt.nz/publication/rural-health-strategy](http://www.health.govt.nz/publication/rural-health-strategy))

**End of Summary—Rural Health Strategy 2023**