Briefing

Rural health

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To:	Hon Matt Doocey, Associate Minister of Health		
Consulted:	Health New Zealand: ☒ Māori Health Authority: ☒		

Contact for telephone discussion

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Rural health

Security level:	IN CONFIDENCE	**Date:**	14 March 2024
To:	Hon Matt Doocey, Associate Minister of Health		

Purpose of report

1. This briefing provides an overview on rural health and outlines opportunities for improving rural health outcomes within government work programmes, as part of your delegations as Associate Minister of Health.

Summary

2. Rural communities are often underserved by the health system, face higher barriers to access services, and overall have poorer health outcomes.

3. In 2023, the Government published the first Rural Health Strategy that sets the direction for improving rural health outcomes. The five priorities identified in the strategy for improving health outcomes for rural communities:
    - considering rural communities as a priority group
    - prevention: Paving the path to a healthier future
    - services are available closer to home for rural communities
    - rural communities are supported to access services at a distance
    - a valued and flexible rural health workforce.

4. Actions to improve rural health can be progressed through the upcoming Government Policy Statement on Health and the New Zealand Health Plan.

5. Other key work programmes also important for improving rural health outcomes relate to the health workforce, primary and community care, and mental health.

Recommendations

We recommend you:

a) **Note** the work programmes and commitments that can contribute to improving rural health outcomes, when the needs of rural communities are considered

b) **Note** that you will receive an event briefing on 22 March 2024 for your attendance opening the National Rural Health Conference on 5 April 2024

c) **Note** that the Ministry of Health will provide an update on the approach to monitoring improvements in rural health outcomes in May 2024, that align with the Government's priorities and expectations

d) **Agree to forward** this briefing on rural health to the Minister of Health, Hon Dr Reti, for their information **Yes/No**

e) **Agree to forward** this briefing on rural health to the Minister for Rural Communities, Hon Patterson, for their information. **Yes/No**

Maree Roberts

Deputy Director-General of Health, Strategy, Policy and Legislation

Date: 13 March 2024

Hon Matt Doocey

Associate Minister of Health

Date:

Rural health

Context

1. Rural communities face higher barriers to access services and overall poorer health outcomes. Some of the inequities relate to barriers to access, or socio-economic factors, such as higher deprivation in some remote rural communities, including for rural Māori communities. These barriers vary across rural communities.

2. In New Zealand around one in five people (19%) live in rural communities.[1] While most of the people in rural communities are in areas that border urban areas, or relatively large rural centres, it also includes more remote rural communities, including offshore islands. There is significant variation across rural communities in their ethnic composition, levels of household deprivation and the economic and social resources within their community.

3. Overall, rural communities include a higher share than the overall New Zealand population of Māori (one in four Māori live in rural communities) and people aged over 65 years. Some other ethnic communities, while primarily concentrated in urban areas, are also increasing in rural communities, such as Pacific peoples, Indian and Filipino.

4. Distances to services can impact people living in rural communities from accessing healthcare, if they are not available or accessible from a community-based option, telehealth or mobile services. During engagement on the Rural Health Strategy, rural communities identified maternity, mental health services (particularly acute), and unplanned care (including after hours and ambulance services) as areas they had significant concerns in their community for available and accessible services.

5. The following outcomes highlight some differences between health outcomes between rural and urban communities:

    - Immunisation – of the cohort born in 2020, rural Māori (56%) and rural European (75%) children have lower rates of being fully immunised at the 2-year-old milestone than urban counterparts (around 5 percentage points lower).
    - Mortality rates – over 2018–2020, rural amenable mortality[2] rates were higher than for urban populations. For rural Māori, the amenable mortality rate is around 12% higher over 2018–2020 than urban Māori, with rural non-Māori also having a similarly higher amenable rate compared to their urban counterparts. In 2018, the main causes of amenable mortality in rural communities were ischaemic heart diseases, external causes (including accidents and suicide) and cancer.

[1] See *Rural Health Strategy*, page 10 for more Information on defining rural communities and maps showing rural and urban areas across New Zealand, as defined by the Geographic Classification of Health.

[2] Amenable mortality is defined as premature deaths that could potentially be avoided given effective and timely care. That is, deaths from diseases for which effective health interventions exist that might prevent death before an upper age limit (75 years).

- Suicide – over 2016–2018, the rate of suicide for men in rural communities was on average 40% higher than men in urban areas and the rate for women in rural communities was on average 20% higher than women in urban areas.[3]

6. The Ministry and Health New Zealand are working towards publishing more rural and urban breakdowns as standard within health data releases, when these are appropriate for the data source.

Rural Health Strategy

7. In 2023, the Government published the first Rural Health Strategy that sets the direction for improving rural health outcomes. This was developed through engagement with rural health stakeholders and rural communities, including drawing on the heath needs identified through locality engagement in rural communities (such as the West Coast and Hauraki).

Rural health strategy priorities

8. The Rural Health Strategy sets the direction for improving the health and wellbeing of people living in rural communities over the next 10 years with five key priority areas:

   a. **Priority area 1: Considering rural communities as a priority group** – making sure the diverse needs of rural communities are considered in policy, planning and service decisions.

   b. **Priority area 2: Prevention: Paving the path to a healthier future** – Shifting focus to prevention and addressing wider influences on health.

   c. **Priority area 3: Services are available closer to home for rural communities** – shifting the balance towards more services being closer to home, through local provision, or services coming to the community through mobile or digital options.

   d. **Priority area 4: Rural communities are supported to access services at a distance** – better support for when whānau do need to access care outside their community.

   e. **Priority area 5: A valued and flexible rural health workforce** –growing and supporting the rural health workforce and expanding their capabilities to deliver the care needed by the community closer to home.

9. An overview of the Rural Health Strategy, including its priorities and focus areas is in Annex one. A copy of the full Rural Health Strategy is also provided with this briefing.

Monitoring progress towards improving rural health outcomes

10. The Government Policy Statement (GPS) on Health will set government priorities, including for improving the health of people living in rural communities. Actions that give effect to these priorities would then be within the New Zealand Health Plan (NZHP). These are currently being developed for mid-2024. You received a draft of the GPS in early March [H2024035135 refers]. As these are developed, the priorities and actions to

[3] Rural and urban suicide data is based on the Stats NZ definition from the Rural/Urban (experimental) profile, developed in 2004. This differs from Geographic Classification of Health used for other measures. Suicide rates were age-standardised to WHO world standard population.

support rural communities within them will need to be assessed. Rural health stakeholders will have expectations to see some shifts, especially in the NZHP, around improved services for rural communities.

11. It is a legislative requirement for Ministers to review and monitor how the sector has performed against the health strategies, including the Rural Health Strategy for improving rural health outcomes.

12. In mid-2024, after the publication of the GPS and NZHP, outlining the Government's priorities and actions over 2024–27, and one year after the publication of the Rural Health Strategy, it will be appropriate to assess the priorities and actions towards improving rural health outcomes undertaken by government. This can also include a monitoring approach going forward for measuring progress towards improving rural health outcomes. These would need to align, where appropriate, with the Government priorities and outcome measures set in the GPS. For example, prevention measures would align with the childhood immunisation target, while progress towards having more services accessible in rural communities could be more specific to rural health.

13. We plan to engage with some rural health stakeholders on how to monitor progress. We will provide you with an update in May, on the monitoring approach, prior to any stakeholder engagement.

Government commitments and work programmes relevant to rural health

14. There are some key work programmes and coalition commitments that will provide opportunities to progress rural health outcomes.

Health workforce

15. Health workforce changes are critical for sustaining and improving rural health services. We need to grow and sustain the rural health workforce, but also support different approaches to models of care including how the workforce is configured. We need to support wider scopes or flexibility including through task or skill sharing within rural health. These initiatives are vital to enable rural services to meet broader health needs within their communities.

16. Coalition commitments that support the rural health workforce include additional medical training places and the third medical school, with its focus on general practitioner and rural training. While this can help in the medium to long-term, there also needs to be a focus on supporting and valuing the current rural health workforce.

17. There also needs to be a broad inter-disciplinary focus in workforce initiatives to support and grow the rural health workforce, including nursing, midwives, dental, pharmacy, mental health support, physiotherapists and other health roles. Many of these areas, such as midwives, are crucial for rural communities, and have significant workforce gaps and training barriers.

18. The Ministry, in its work around health training pathways, including the third medical school, and health workforce regulation, will be seeking to ensure the settings support the rural health workforce to grow and enable the more flexible models of care needed in rural settings.

19. Health New Zealand is developing a Health Workforce Plan for 2024/25, which will include actions to support the rural health workforce. Health agencies are also working

with education agencies on how to better support health training placements, including in rural health services.

20. You are opening the National Rural Health Conference on 5 April 2024. The conference is organised by Hauora Taiwhenua and attended by those working in rural health. The Ministry's briefing on the National Rural Health Conference event will have further information on rural health workforce issues, a key area of focus for that event.

Primary and community healthcare

21. Primary and community healthcare is the main service within rural communities. Ensuring these services have the capacity and capability to respond to health care needs are crucial for rural communities. Due to workforce gaps, high burdens of care and inadequate funding to meet health needs, many primary and community services are under pressure and are sometimes not able to meet health needs of their community.

22. In February 2024, the Minister of Health commissioned a work programme for primary and community healthcare [H2024036142 refers]. This will consider the funding and system requirements needed to meet the health outcomes expected from primary and community healthcare.

23. This work programme provides an opportunity to ensure changes to the funding and system settings for primary and community healthcare considers the different community health needs and circumstances of rural communities, including their distance to urban facilities. To meet rural health needs, government's expectations for rural primary and community care would be different to urban services, such as more integrated and broader health care options. This would need approaches for funding and the workforce mix that support these expectations to be met and the services to be sustainable. There would also need to be input from local communities, including Iwi Māori Partnership Boards, on the community expectations and priorities for health care available, and how delivered, within their community.

24. Primary and community care is also a key part of increasing immunisation rates in-line with the health target for childhood immunisation, 95% of eligible children to be fully immunised at 24 months. Those living in rural communities, especially rural Māori, have lower childhood immunisation rates. The initiatives to support higher uptake will need to consider the different barriers and also options for broader community involvement within rural communities, that draw on experiences during the COVID-19 response.

Mental health

25. Rural communities are reporting increasing mental health concerns and have also endured a number of events in recent years that have affected their livelihood and mental wellbeing (for example, *M. bovis*, Cyclone Gabrielle, flooding and droughts in parts of the country).

26. In addition, suicide rates have historically been higher in rural communities than in urban communities. Some factors that likely contribute to higher rates of suicide in rural communities include: more men of working age, a higher proportion of Māori men, greater financial uncertainty, isolation, and easier access to firearms. Access to alcohol may also play a part with well-established association between alcohol use, misuse, intoxication and self-harm, the latter of which is associated with suicide.

27. Access to mental health services is a concern for rural communities, especially acute specialist services which are mainly based in urban centres and have long-wait times. Rural communities have been prioritised as part of Health New Zealand's roll out of *Integrated Primary Mental Health and Addiction Services* (within the *Access and Choice* programme) to general practices. Alongside expanding the workforce, other initiatives to increase mental health options for rural communities include digital and telehealth support, enabling the rural health workforce to better support their communities from an extended scope for mental health, with support from both additional training and specialist mental health professionals within urban centres.

28. We are working with you on a cross-government work programme for mental health, including the response to the Office of the Auditor-General report on meeting youth mental health needs. As this cross-government work programme develops, you could consider rural mental wellbeing within this work. We are working with the Ministry for Primary Industries (MPI) on opportunities within work programmes for rural mental health and will provide advice on this to you.

29. The Suicide Prevention Action Plan 2025–2029, which is in development, also presents an opportunity to ensure mental wellbeing for rural communities is centred and ensure consultation with those communities as part of this process.

30. The coalition commitment for a Mental Health Innovation Fund aims to expand mental health supports from community providers. More support services within rural communities, given higher needs and access barriers to existing services, could be considered a priority area within the settings for the fund.

31. Some existing primary-industry focussed supports include the Rural Support Trusts and FirstMate New Zealand, which offer mental wellbeing support for rural communities. Rural Support Trusts and FirstMate receive partial base funding from MPI.

32. MPI will continue to fund Rural Support Trusts and other organisations to provide recovery support following significant adverse events such as floods, drought or earthquakes that severely impact land and marine environments and biosecurity outbreaks, such as *M. bovis* and *PSa*. Adverse event recovery funding is time limited and for specific regions impacted.

33. A challenging funding environment is making it difficult for Rural Support Trusts and FirstMate to secure ongoing sustainable funding from industry and government. This is impacting their ability to build ongoing capability. Advice on future funding options will be provided to the Minister for Rural Communities and you, in your capacity as Minister for Mental Health.

Other coalition commitments relevant to rural health

34. Some other coalition commitments on the work programme with relevance to rural health include:

    - Better recognise people with overseas medical qualifications and experience for accreditation in New Zealand *(due to workforce shortages and existing higher percentage of international graduates in rural health services, this change could have higher benefit for rural communities).*

- Health workforce regulation *(having broader scope of practice and more flexibility around task or skill sharing would support rural health workforces to be more adaptable to meet rural health needs).*
- Examine the Māori and Pacific admission schemes for health sciences at the University of Auckland and the University of Otago, to determine if they are delivering desired outcomes *(pathways for those from rural backgrounds, and outcomes from this, could be considered alongside this work, and inform future decisions on education settings for health training, including the third medical school).*
- Progress the adoption of digital technology in harder to staff areas *(reliable connectivity, having digital options offered within health and support to use them can provide another access option for rural communities. The rural telehealth service is an example of where digital technology is helping service gaps and reducing burdens on rural health workforce).*
- Make greater use of Nurse Practitioners *(having people with higher level scopes enables more options for delivering healthcare in rural communities).*
- Increasing funding to ambulance services to meet higher share of costs *(rural communities are more challenging areas for emergency services to deliver services to. Funding changes, or options for more integration within rurally-based health services, may improve the support people from rural communities receive when urgent care is needed).*
- Undertake a select committee inquiry into aged care provision to include supporting people with early onset conditions *(this could include looking at gaps in aged care provision in rural communities, which have a higher share of older people, especially older Māori).*

35. These above work programmes will need the Ministry and health entities to consider rural health needs and benefits from the commitments for improving rural health.

Equity

36. People that live in rural communities have more barriers to access healthcare and overall they have poorer health outcomes than their urban counterparts, including Māori living in rural communities.

37. Considering rural communities and rural health service needs and differences, within the work programmes and coalition commitments identified above, will help improve health outcomes for people living in rural communities. As one in five New Zealanders live in rural communities, this will help improve health outcomes for all New Zealanders as well as reducing inequities.

38. Rural communities are a population group whose health needs have been underserved and health outcomes not adequately monitored by government agencies. Having clear priorities for rural health and monitoring changes and improvements in outcomes for rural communities supports accountability to rural communities from government.

Next steps

39. The National Rural Health Conference organised by Hauora Taiwhenua is on 5–6 April in Wellington. You have agreed to open the conference on 5 April 2024. An event briefing and speech notes will be provided to your office on 22 March 2024.

40. In May 2024, the Ministry of Health will provide an update on the approach to monitoring improvements in rural health outcomes, in-line with Government priorities.

41. We propose you forward this briefing to the Minister of Health, Hon Dr Reti, and the Minister for Rural Communities, Hon Patterson, for their information.

ENDS.

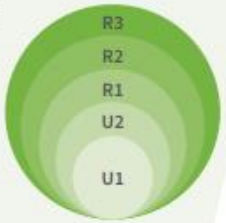
Minister's Notes

Annex one: Rural Health Strategy overview

The Geographic Classification for Health (GCH)

There is a lack of data on rural health access and outcomes. This impacts our ability to know where to prioritise our resources to improve rural health.

The GCH provides a consistent way to measure rural health outcomes. The Geographic Classification for Health has three rural categories (R1, R2 and R3) based on distance to urban centres, and relative size of population in the area.



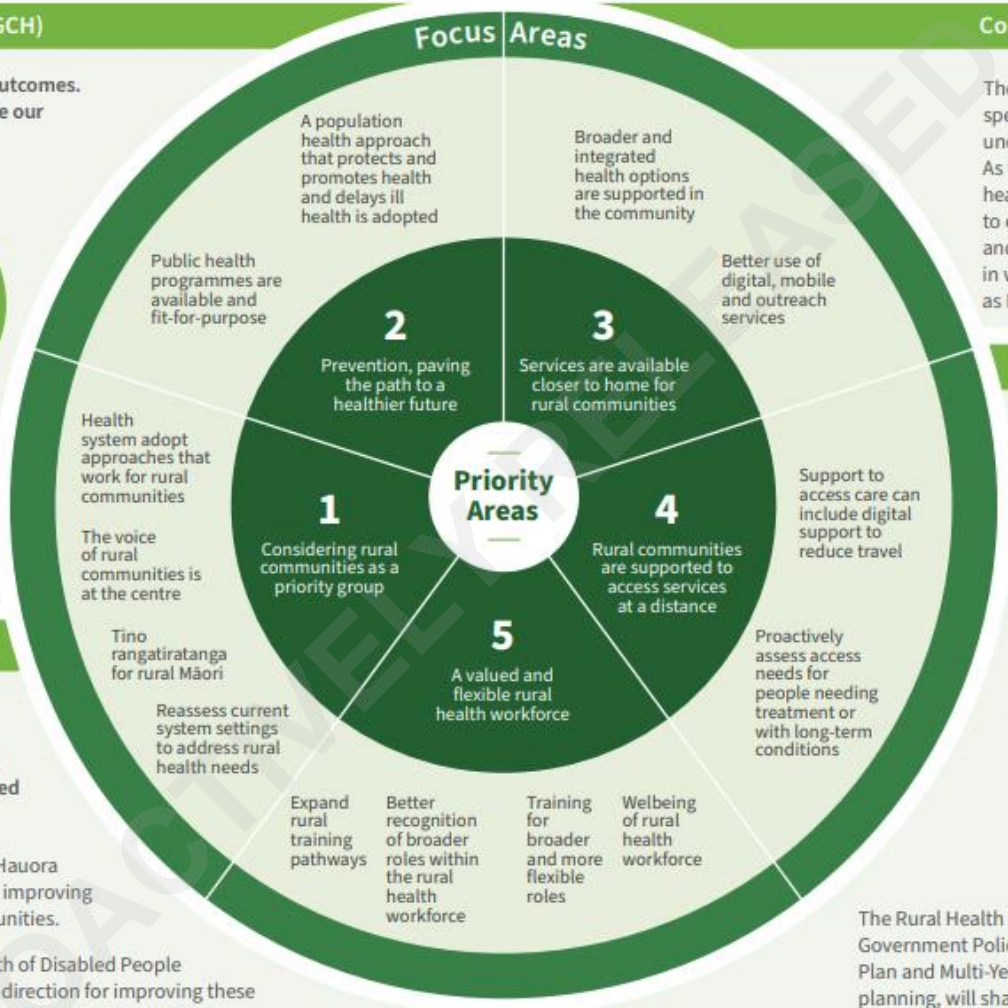
The most remote and isolated rural communities are classified as R3. There are two urban classifications, one for the six main centres (U1) and one for the provincial cities (U2).

Alignment across the Pae Ora Strategies

The Rural Health Strategy is part of a suite of six health strategies required under the Pae Ora Act. The priorities of these strategies are closely aligned and interwoven.

The New Zealand Health Strategy and Pae Tū- the Hauora Māori Strategy provide the direction for change for improving overall health outcomes, including for rural communities.

Te Mana Ola - the Pacific Health Strategy, the Health of Disabled People Strategy and the Women's Health Strategy provide direction for improving these population groups outcomes, including when they are in rural communities.



Commitment to Te Tiriti

The health sector is committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti of Waitangi | The Treaty of Waitangi. As the kaitiaki and steward of the health system, the health sector has the responsibility to enable Māori to exercise authority over their health and wellbeing and achieve equitable health outcomes for Māori in ways that enable Māori to live, thrive and flourish as Māori.

Turning Strategy into Action

The Rural Health Strategy will provide direction for the Government Policy Statement on Health, the New Zealand Health Plan and Multi-Year Health Funding. These, along with locality planning, will shape action to improve rural health outcomes and rural communities will be a key part of this discussion.