

their families. Aside from the reality that delivery on the side of the road is a real possibility, rural women drive long distances for post-natal care for themselves and their baby. The sense of isolation and the potential for post-natal depression is an added factor to consider.

These issues, invariably comes back to data based on an agreed definition of rural populations. It is impossible to accurately allocate financial resources to match the needs of a rural community when the need is not clearly defined or understood.

Call to Action:
Government, and specifically DHBs, utilise the (yet to be developed) definition of 'rural' to develop reporting frameworks that increase transparency and accountability for rural populations, and inform allocation of resources.

4. Rural Proofing policy from within rural communities

The appointment of a Minister for Rural Communities reflects Governments' understanding of 'rural' as a priority population.

We note the government cross-party support for the reinstatement of the Rural Proofing Policy in June 2018. We are yet to see how the process of implementation of the policy will include direct engagement with rural communities so that it becomes collaborative tool that ensures rural people are 'invited' to the table rather than them lobbying for their voice to be heard.

The upcoming Health and Disability Service Review presents an opportunity for Government to apply the Rural Proofing Policy to ensure the Review Committee directly leads engagement with rural people.

Other immediate opportunities to ensure government bodies actively implement the Rural Proofing Policy come through the Minister of Health's annual Letter of Expectation to DHBs providing guidance in their Annual Planning process.

Call to Action:

The Rural Proofing Policy is applied to all Government processes:

- **The Health and Disability Service Review applies the Rural Proofing Policy to engagement with rural communities**
- **The Minister of Health's Letter of Expectations to DHBs ensures implementation of the Rural Proofing Policy to annual planning processes.**

5. Focus on mental health and wellbeing

Discussions about the many factors that impact on the health and wellbeing of rural New Zealanders prevailed across RuralFest 2018.

On the plus side there was acknowledgement that rural communities, health and social service professionals, employers and other agencies have stepped up to run programmes to develop skills for self-help strategies, recognise signs of mental distress, illness and alcohol or drug abuse, or talk about suicide. But on the down side, the rates of suicide across rural communities remains unacceptably high.

Government has signalled its plan for Budget 2019: Focus on Wellbeing with links to Treasury's Living Standards Framework. This cross government, cross agency, cross sector approach to improving the focus on mental wellbeing and health in rural communities will be a world first. We further challenge Government to apply a rural lens to this work to ensure that the impact of it reaches our most rural, most marginalised populations.

Call to Action:

RHĀNZ calls upon the government to apply the Rural Proofing Policy to the development and implementation of Budget 2019: Focus on Wellbeing and it's monitoring Frameworks.

RHĀNZ calls Government to action:

At RuralFest 2018 RHĀNZ identified five current key issues and specifically calls Government to action. Collectively addressing these will have a positive and sustainable impact on the health and wellbeing of rural communities:

- Good policy starts with good data analysis
- Urgently address the rural workforce crisis
- Review funding models for health and wellbeing services
- Rural Proofing policy from within rural communities
 - Focus on mental health and wellbeing

For more information, please contact
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Rural Health Road Map 2018

Growing healthy rural communities
in Aotearoa New Zealand

In November 2018, representatives of the Rural Health Alliance Aotearoa New Zealand (RHĀNZ) member organisations met to discuss, debate and decide on the current key issues impacting on the health and wellbeing of rural New Zealanders.

They took these key issues to Parliament where the discussions continued with the Minister for Health, the Minister for Primary Industries and Rural Communities and Members of Parliament from the four main political parties. RHĀNZ called on Government to take actions that address each of the five key issues discussed.

The Rural Health Road Map 2018 is informed by RuralFest 2018. RHĀNZ members look forward to working collaboratively, and with Government on the calls to action.

Critical Issues Impacting on rural New Zealanders

The Rural Health Alliance Aotearoa NZ (RHĀNZ) knows there is much to celebrate about living and working in rural New Zealand. But, for the approximately 600,000 people who live rurally, there are many challenges that can only be addressed by working together and with much urgency.

RHĀNZ is an alliance of organisations who collectively have a vested interest in the wellbeing of rural New Zealanders. When we talk about rural New Zealanders, we’re talking about farmers, farm workers, contractors, forestry workers, doctors, counsellors, nurses and everyone in between. We’re talking about families: men, women, kids, teenagers, young folk, older folk. Everyone!

Previous RuralFests identified issues that were primarily seen through the lens of rural health and social services. This year, parallels across employment and professional boundaries, and across our member organisations whether they be rural health and social services, farming or agribusiness became glaringly apparent:

- Demographics across these diverse organisations are similar with the average age of many rural professionals sitting in the mid-50s with an eye on retirement over the next decade.
- It’s widely recognised that rural health and social services are struggling to train, recruit and retain

trained professionals. The same is true of rural contractors, horticulture, farming and agribusiness organisations.

- We are hearing about people feeling overwhelmed with the demands of their work and the resulting challenges they face. Talk of fatigue, burnout, depression and stress is rife and common to us all.

Isolation emerged strongly as an everyday issue RHĀNZ members believe is impacting on the health and wellbeing of the people they work with or represent. While rural people accept that geographic and social isolation is a reality of the life and work they have chosen, they do expect equitable access to health and social services. When there is a crisis, they want to know that the same levels of help available to urban New Zealanders is readily available to them. The reality is that the centralisation of many essential services means accessing this help comes at both the personal and financial expense of those living rurally.

Telehealth services and programmes are frequently cited as the silver bullet to improving the access that rural people have to specialist health and social services. RuralFest discussions agreed that the potential of this technology is yet to be embedded in best practice but must be as a tool to improve access to services, rather than a replacement for face to face consultations.

Rural people tell us they feel that urban New Zealanders understanding of the realities of rural life is diminishing as they strive to cope with rapid change caused by the impact of climate change, changing land uses, biosecurity incursions, employment and workforce challenges, compliance and regulatory requirements. Many feel they are under sustained attack from a wide range of lobbyists for the quality of New Zealand’s waterways, environmental management and the raising of animals as sources of proteins. We hear reports of kids being bullied at school because they’re from farming families and somehow by association, ludicrously responsible for these global issues.

We heard that this has led to many rural people feeling inadequately valued for the contribution they make to New Zealand’s economy and fundamental structure. The loss of pride in ‘being rural’ has a personal, social and economic impact on rural communities. Most importantly, it is having a negative impact on the social and mental wellbeing of many rural New Zealanders. Suicide rates are unacceptably high.

On the plus side, we are immensely proud of the role that RHĀNZ member organisations are playing in encouraging rural families, schools, workplaces, social and sports clubs to talk about mental health and suicide. This is a positive move to reducing the stigma of mental illness across rural New Zealand where for too long a culture of silence has been embedded in the mantra: ‘harden up and get on with it.’

1. Good policy starts with good data analysis

One of the most fundamental gaps across the rural sector is also one of the least obvious: the current lack of robust data analysis and research to clearly identify the needs of and health outcomes of rural New Zealanders.

Currently there are at least 17 different ways in which we define the term ‘rural’. Around 40 per cent of people who access rural health services are classified as ‘urban’ under the Statistics New Zealand definition, while 20 per cent of people currently classified as ‘rural’ actually have ready access to urban health services.

Rhetoric alone is insufficient to drive improvements to the health and wellbeing outcomes of rural New Zealanders. The work to enable a consistent, clear and cross-government definition of ‘rural’ to enable accurate measurement is an urgent priority. Without accurate, consistent data and data analysis, developing and implementing effective, well-targeted policy and allocation of resources is impossible.

Call to Action: There is currently an application in front of the Health Research Council (HRC) for funding to provide research into a definition of ‘rural’ which will underpin other work. RHĀNZ endorses this application and urges Government to prioritise investment in this important work.

2. Urgently address the rural workforce crisis

Across the rural sector, regardless of what type of business or service we are talking about, a skilled and stable workforce is required to meet the day to day demands of businesses and the services they provide.

Further challenges arise as agribusiness, farming, health and social services alike respond to seasonally based fluctuations in demand for their services. The challenges the rural sector organisations face in establishing a skilled and stable workforce touch on immigration policy, government policy linking Kiwis to employment opportunities, funding mechanisms, education, housing, and mobile connectivity.

Rural general practices and hospitals are propped up by internationally sourced locums. Many of these are located in small towns where tourism hotspots create booms in populations at peak times and holiday seasons, placing overwhelming pressure on them. Many of the medical teams are on call to staff the PRIME rural first responder emergency services leaving a local population without access to regular medical services in emergencies. These businesses require funding policies and procedures that recognise the impact of New Zealand’s booming tourism industry on the clinical and financial sustainability of their services.

RHĀNZ believes the long-term sustainability of an interprofessional rural health workforce is dependent on it being developed, trained and embedded in rural communities across New Zealand. The efficacy of such models is well recognised internationally for the

positive and sustainable impact they have on both the rural health workforce, and the economies of rural communities.

Government has recently asked the Ministry of Health to undertake a range of initiatives to address issues of access to health services in rural areas and increase the availability of a whole range of health practitioners in rural areas. These initiatives include:

- Changing the training funding mix so that a greater proportion of GP training places go to rural trainees.
- Putting greater investment in professional development for rural primary health care nurses and midwives
- Extending rural inter-professional education programmes
- Improving the use of technology for professional rural support

RHĀNZ looks forward to working collaboratively with Government to achieve this.

Call to Action: RHĀNZ calls upon the government to prioritise the establishment of an interprofessional rural health school. RHĀNZ requests a review of Immigration policy to support the required placement of offshore workers to fill core roles across rural and agribusiness services.

3. Review funding models for health & wellbeing services

Current funding, reporting and accountability models place the financial and clinical viability of rural health and social health services under threat. There is no current mechanism to report both the financial and personal value of services provided by rural generalist practitioners (GPs). Their skills and work ethic enable people to be treated in lower cost rural hospitals compared to higher cost of admissions to secondary hospitals. This saves patients the distress of travelling long distances and lengthy stays away from their community and families. This is particularly relevant to the older rural people who can be cared for by their own GP, supported by their friends and families.

The centralisation of health and social service planning and resource allocation is increasingly failing rural communities. Large scale capital and operational investment in regional hospitals may be at the cost of community-based rural health and social services. Yet anecdotally, given the absence of accurate data and reporting frameworks, rural community-based health services are highly cost effective in providing clinical care and support, reducing the overall cost of treatment of rural patients.

Further examples are seen in the provision of midwifery services for rural women and children. Funding models, particularly post-natal, disadvantages rural women