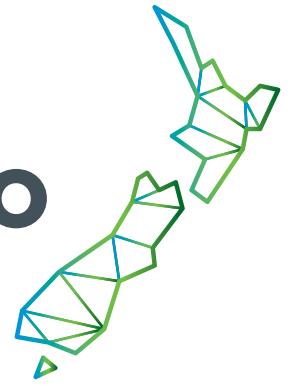


RURAL HEALTH ELECTION MANIFESTO 2020



HEALTHY, ACTIVE, CONNECTED AND VIBRANT RURAL COMMUNITIES

Approximately **700,000 people** live in rural New Zealand, equivalent to our second largest city.

Through dairy, agriculture, tourism, forestry, fishing, horticulture and viticulture rural NZ **contributes over 50%** of our country's export dollars.

Rural health outcomes are recognised as being poor, and this is especially so for Māori; with some rural communities comprising as high as 75% Māori, many living in serious economic deprivation.

Many rural people:

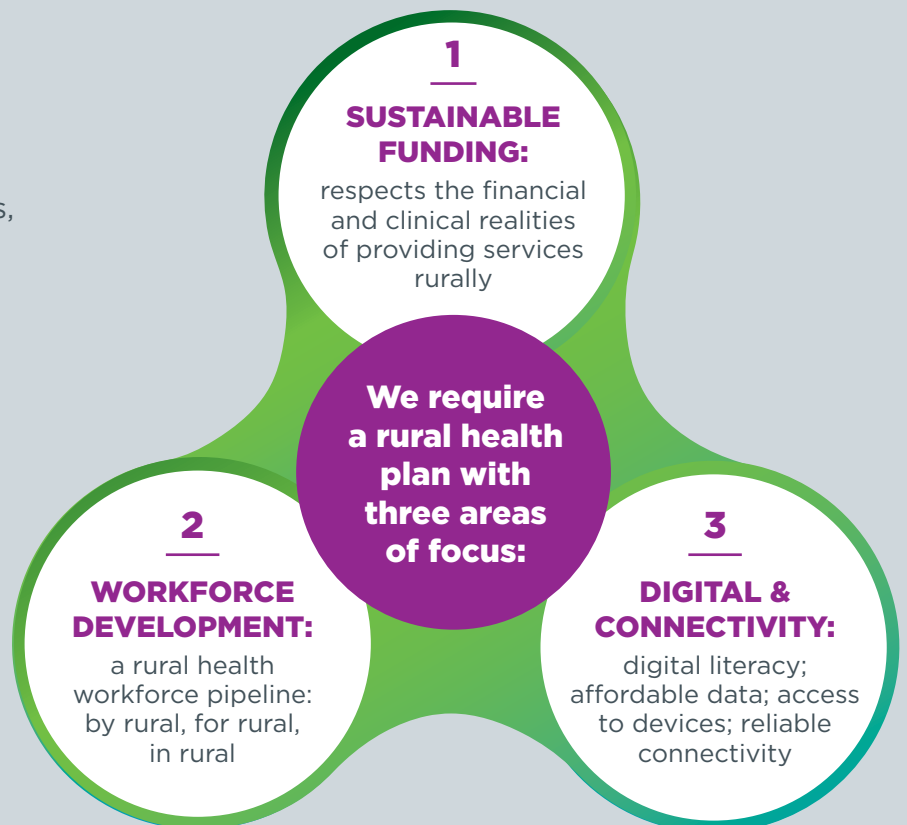
- Have long waits for appointments to see health professionals and are less likely to be referred to diagnostic and specialist services.
- Struggle to afford the costs of time and travel to manage their health, with transport being a significant barrier.
- Have little or no access to specialist mental health and addiction services and crisis response.

The Government has set a goal of equitable health care for all, no matter their location, gender, age or ethnicity.

➤ The members of our five rural health networks reach across rurally based industries, farming, health and social services, rural health professionals and hospitals, and local government.

➤ We want to know that any incoming Government is ready and willing to commit to policies that show that **rural health & wellbeing counts**.

Can we count on you?



“The rural population often feels they are invisible to urban decision-makers.”

Heather Simpson,
Health and Disability System Review 2020.

RURAL HEALTH Counts



THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:

- A ten-year Rural Health Plan that assures those living in rural areas have equitable access to health professionals, diagnostic services, social services, specialist services and crisis response.
- An integrated rural health system that is whānau and people-centred, uses data-driven targets and ensures accountability to outcomes; including health equity for Māori.

TO SUCCEED THE PLAN NEEDS THREE THINGS:

1

SUSTAINABLE FUNDING

- Rural health professionals are struggling to make a viable living under the current financial models. They are generally paid less than their urban counterparts, provide care for a dispersed population that requires significant travel time and cost, and need to be available 24/7 to service emergency needs. This is causing an exodus of rural health professionals to urban settings, where both income and lifestyle are easier to balance.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:

Locality specific funding solutions that support sustainable and equitable rural health outcomes including emergency care and after-hours support.

2

WORKFORCE PIPELINE

- The rural health workforce is in crisis. There is a shortage of rural doctors, nurses and others, with insufficient numbers being trained and upskilled to meet the shortfall. This situation is going to get worse, with an aged demographic signaling over 50% heading into retirement within 5-10 years. Our current reliance on importing health professionals from overseas is not sustainable. A new and different approach to training, upskilling, recruiting, and retaining rural health professionals drawing on international experience is needed. Research shows that training rural people, in rural locations, leads to rurally-based health professionals who stay.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:

The development and funding of inter-professional training and upskilling that is embedded and distributed nationally across rural areas. This must recognise all professions that contribute to the well-being of rural communities. The training and upskilling needs to include approaches that assure equity for Māori.

3

DIGITAL & CONNECTIVITY

- Covid-19 has shown that the opportunity to access healthcare from a distance, including specialist input and advice, is greatly enhanced by connectivity (cell phone and broadband). Rural populations are being deprived of this opportunity but have the most to gain from focused investment in reliable connectivity. Access to affordable data, adequate devices and the skills to use them, is equally important.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:

A commitment to ongoing investment beyond the current Rural Broadband Initiative project, to ensure that rural connectivity is of an equivalent quality and accessibility as urban. A recognition that rural people have a right to devices and training to enable them to access the healthcare and information they need to live a full, safe and healthy life.

LINKS



Rural Hospital Summit • Rural Health Road Map • Rural Proofing the H&D System Review