



# RURALFEST 2021

## Calls to Action

*Prioritise rural health and wellbeing outcomes when reforming  
NZ's health and disability system  
Collaborate with our members to design solutions for rural,  
by rural, in rural*



## Reforming New Zealand's Health System

### **Our offer - collaborate with our members to design solutions for rural, by rural, in rural.**

The Health and Disability System Review (HDSR), March 2020, identified an extensive list of challenges for people living and working in rural communities. These result in poor and inequitable health outcomes for people living in rural areas in New Zealand, especially rural Māori. Our members all know the issues which need to be addressed to remove these health inequities as they deal with them on a daily basis.

We acknowledge the Government's once in a generation transformational change announced on 21 April 2021 and are determined to see that rural communities are not forgotten in the implementation and are not left until last. There are solutions for rural that are quick wins.

We totally support the change programme commitment to **collaborative design**. The membership of the Rural Health Alliance Aotearoa New Zealand (RHAANZ) covers the full spectrum of rural life. We have members from:

- Health (midwifery, rural hospitals, rural primary care, clinical psychology, pharmacy, mobile health and Kaiāwhina)
- Local authorities including Mayors and Councillors
- Community organisations
- Education - universities and vocational education and training
- Agri-business, rural contracting
- Technology and digital connectivity
- Government agencies

The event that lands our united calls to action and directly to Politicians is RuralFest. In April 2021, we met with the Hon Andrew Little, the Hon Damien O'Connor, Dr Liz Craig – Chair of the Health Select Committee, 12 politicians from multiple parties and the team from the Health and Disability Transition Unit. RuralFest this year included new participants from rural nursing, the students of rural health, telehealth and social services.

During RuralFest we also progressed working together under a new, collective organisation, called Hauora Taiwhenua, Rural Health Network. A collaboration of RHAANZ, the NZ Rural General Practice Network, Rural Nursing NZ, the Rural Hospital Network NZ and the Students of Rural Health.

***Our diverse membership provides a unique opportunity for government to engage with one organisation and yet connect with all facets of rural communities in Aotearoa.***

During RuralFest 2021, delegates developed a number of specific “Calls to Action” for the government. These calls to action show absolute alignment to the Health and Disability System Reform as follows:

## **1. The inclusion of a rural section within the New Zealand Health Plan**

*The government plans to create a New Zealand Health Plan which will be a long-term plan to address current issues in the health system and remove inequities in health outcomes for identified population groups. In his white paper, the Minister has specifically mentioned Māori, Pacific Peoples and disabled people. The HDSR clearly identified rural people as a further group that has inequitable health outcomes. A group clearly part of the “postcode lottery” of health disparity.*

### **Calls to action:**

- Create a standalone section devoted to rural health in the NZ Health Plan.
- Develop a 5-10 year Rural Health Plan that addresses rural health inequities.
- Include in the plan specific strategies to address the unique solutions required for rural communities, realising that no two rural communities are the same. The strategies will include workforce solutions, locality-based funding that provides sustainable services, and connectivity to allow the implementation of viable telehealth solutions. The strategies will recognise the needs of everyone in rural communities including the often-unheard health needs of rural women.
- Ensure the plan is held accountable to NZ’s rural population of 700,000 by: including specific rural health targets; appointing a Deputy Director General of Rural Communities in the new Ministry of Health; and ensure there is a “Rural Desk” in each key agency.

## **2. Māori Health Authority – ensure equitable outcomes for rural Māori.**

*The reforms clearly recognises the significant disparity in health outcomes for Māori in Aotearoa New Zealand and wants action. The disparity is at its worst in some rural communities, some of which are 95% Māori.*

### **Calls to action:**

- Establish a team focused on rural Māori health within the new Māori Health Authority.
- Empower this team to support a whānau-based holistic approach where health professionals can meet the community where it is at, on the marae or in homes - with trust, respect and open communication.
- Reduce barriers to healthcare access by enabling kaupapa services, increase cultural capability, improve health literacy, and remove charges that occur rurally but are avoided in cities e.g. prescription co-payments.
- Increase Māori representation in the workforce through placements with iwi, increase mentoring, and ensure funding follows workforce needs.

### **3. Rural communities getting the support they need through accessible and sustainable health services**

*The HDSR clearly identified the health outcomes of rural communities, including rural Māori, as having poor and inequitable health outcomes. We know servicing rural communities is difficult by virtue of their low density and dispersed population characteristics, so we wholeheartedly support the system shifts stated by the Minister: to ensure all people have access to a comprehensive range of support in their local communities to help them stay well; and everyone will have access to high quality emergency or specialist care when they need it.*

*Health professionals are struggling to make viable businesses in some rural areas, they are stressed burnt out and abandoning their communities.*

*The reform is suggesting the concept of defined “Localities” for planning health services and delivery around specific community needs. This concept has great potential for meeting the needs of rural communities.*

#### **Calls to action:**

- Develop a “Rural Locality” prototype as a priority.
- Understand the difference by developing a second “Rural Locality” prototype.
- Clearly identify the sustainable funding needs of that Rural Locality and deliver that funding in order to provide the health and wellness services that will ensure equitable outcomes compared to urban counterparts.

### **4. Accessible digital services for rural communities**

*The system shifts recognise the role of digital services in providing more people the care they need in their homes and communities. Digital services have the ability to increase access across many needs including after-hours care, medical diagnosis and specialist care.*

#### **Calls to action:**

- Move with increased speed to roll out broadband services to underserved rural areas. Remove the cost-of-connection to these services, in the same way that urban customers do not have to pay for connection to local fibre.
- Integrate Telehealth as part of the national plan to provide easier access to primary and secondary services and as a key component of after-hours care.
- Develop models of shared-use technology to enhance access for rural communities: for example, take mobile diagnostic services to the rural regions where they are needed and rural health hubs where telehealth can be made accessible to poorly connected rural communities.
- Provide training and support to use technology.
- Use our knowledge of rural communities to understand what digital services are needed where in Aotearoa, it’s not a one size fits all solution.

## 5. Rural health and care workers: sufficient, valued and well-trained

*The system shifts acknowledge the importance of workforce. In too many rural locations workforce is already in crisis. We need action now. Research from rural communities' overseas shows that training rural people, by rural trainers, in rural areas, greatly increases the retention of those skilled people in those rural areas.*

### **Calls to action:**

- Commit to developing the rural workforce as the first workforce priority.
- Take a leaf out of the Australian book and develop and implement the policy that ensures at least 95% of the funding provided to any Institution for rural training, must be spent in rural communities.
- Fund the inter-professional rural workforce training initiative, it's based on well-researched methodologies of "for rural, by rural, in rural".
- Ensure that rural inter-professional training models can be scaled and delivered to all rural regions in need and ensure they are not limited by any institutional imposed geographical restrictions.
- Re-design and expand Kaiāwhina / support worker skillsets to more holistically meet rural whānau and community needs.
- Immediately remove the barriers to bringing in international medical graduates to provide short-term workforce relief to rural areas experiencing workforce crisis right now.

## 6. Work with us and other government agencies to realise results.

*Achieving rural hauora cannot be achieved by one government agency in isolation. Transport, housing, education, connectivity and community organisations are all part of the solution.*

- Apply and require national agency colleagues to apply the rural proofing policy commissioned by the Hon Damien O'Connor.

***We are here, ready, willing and able, to co-design and support the new vision to build a health system which achieves pae ora / healthy futures for all, including rural.***



Gill Genet  
Chair  
RHAANZ

## Joining the networks creating the 'Hauora Taiwhenua Rural Health Network'

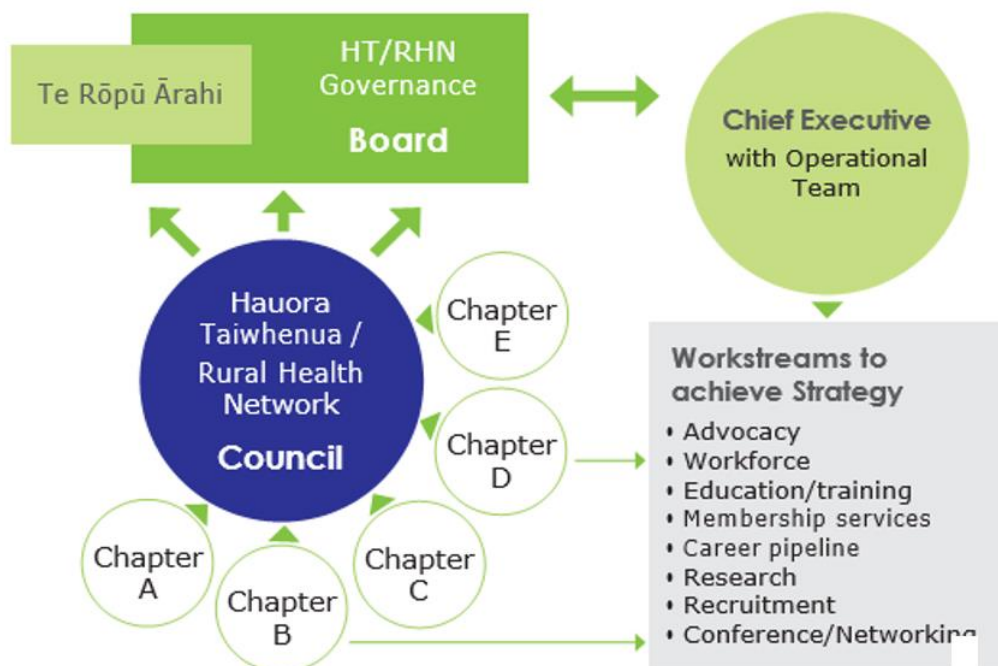


RHAANZ has been working with the NZ Rural General Practice Network (NZRGPN) and the health networks they support: Rural Hospital Network; Rural Nurses New Zealand; and the Students of Rural Health Aotearoa and the RGPN Treaty partners, Te Rōpū Ārahi, on the concept of creating a new entity that joins up the current organisations in order to have a clear and consistent voice for improved health and wellbeing outcomes for rural communities.

In the past year, this collaborative approach resulted in the production of a *Rural Health Manifesto* and a *Briefing for the Incoming Health Minister*. We have also met collectively with Ministers and national agency senior officials providing a strong voice and clear messages as this document demonstrates.

Our aim is to create a robust, sustainable organisation for the future which allows every group to have a voice. We will prioritise the issues which need urgent action from the government and work together with officials and organisations to design and plan to ensure hauora and health services meet the needs of rural communities.

RGPN members endorsed the approach at their 2021 May AGM. The next steps are to work with RHAANZ and the other health networks to progress implementation. Hauora Taiwhenua will welcome new networks and organisations to join, providing an even louder and stronger voice for rural, by rural. The structure recognises Te Tiriti o Waitangi with Māori, Bicultural and General chapters as part of the mix.



**Council**  
 Appoints the skills-based Board  
 Monitors Board performance  
 Advises strategic priorities  
 Approves new chapters  
 Voting share 50/50 Māori/Tauiwi

**Chapters**  
 Established based on rural health and wellbeing interest groups  
 Represent issues and ideas of their chapter members  
 Appoint representatives to the Council  
 Provides strategic advice to the Council  
 Participate in work streams

For more information please go to [www.rgpn.org.nz](http://www.rgpn.org.nz)