

Rural matters

Peter Crampton, Jo Baxter

In this edition of the *Journal*, Nixon and colleagues provide a glimpse of an innovative version of the future in their paper *Proposal for a National Interprofessional School of Rural Health*.¹ Both authors of this editorial have a vested interest in this proposal, and one of us is a co-author of the paper.

Attracting and retaining health professionals in rural communities is a pressing issue for health policy in New Zealand and internationally. We believe the proposed School of Rural Health would contribute meaningfully to addressing this issue. Partnerships with rural communities are integral and the paper reinforces the need for rural communities to be woven into the fabric of health workforce production and deployment. Successful rural health workforce solutions must be contextualised within the challenges that rural communities face, and to the strengths that rural communities possess. In so doing, we can ensure that the solutions are fit for purpose and responsive to the diverse needs and aspirations of the communities that they are part of. The paper reminds us that we are not starting from scratch and can embrace the best evidence from New Zealand and overseas to inform rural health workforce production.

Nixon and colleagues also remind us that the context underpinning the state of the rural health workforce has a complex jigsaw of components, all of which fit together to play a part in either attracting and retaining, or repelling and losing rural health professionals. Some of these components are hard to address, for example employment opportunities for partners. Other components are amenable to smart solutions, for example more attractive workforce options and working conditions. They remind us as well that a preoccupation with the production of more doctors—which is in itself a necessary objective—can distract us from wider matters for rural health provision.

Because of the relative isolation of the rural workforce and the range of challenges and opportunities that exist, new,

innovative and responsive approaches are needed and welcomed. The School of Rural Health proposal provides an opportunity to contribute not only to rural health workforce development but also to research and knowledge that provides solutions to rural health challenges, wider aspirations for community development, career pathways for young people and equity within a rural space.

Nixon and colleagues further encourage us to focus on the opportunities inherent in rural practice, training and healthcare provision, including, among other things, effective multidisciplinary teams, excellent inter-professional skills, innovative use of technology and rurally-based academic careers. To that end, rural communities could and should be the place of new knowledge production, including vigorous application of research and evaluation. They should be home to health professionals who have academic careers that are integrated into their professional lives. The benefits of having health academics based in rural communities are potentially wide reaching. Not least is the opportunity to have rurally-centred university research, formulated through the lens of rural realities, that supports effective strategies and solutions for meeting the needs of rural communities.

A School of Rural Health brings with it wider community development benefits over and above health provision. We have seen many times the wider benefits of having health professional students embedded within communities. The presence and energetic engagement of health professional students, including students who are themselves from rural areas, provides role modelling and inspiration to young people growing up in rural areas.

Health inequities between Māori and non-Māori in rural areas are stark and are a critical priority for the proposed School. Health professional programmes need to produce graduates who are not only culturally competent but who also have an understanding of the history and dynamics

of rural communities, and a commitment to those communities. This requires understanding of the health of rural Māori and the contexts underpinning Māori health and wellbeing within rural communities. Caution must be exercised in relation to strategies that focus solely on rural needs without consideration of equity and impacts on Māori.

The 2012 Ministry of Health Report *Mātātuhi Tuawhenua: Health of Rural Māori*² provides a comprehensive analysis of the inequities that exist between the health of Māori and non-Māori who live rurally. Not only do a higher proportion of Māori live in rural areas, rural Māori are more likely to live with financial and material hardship than rural non-Māori. Across age groups and health conditions, rural Māori have higher mortality and morbidity and lower life expectancy. The gap between life expectancy of rural Māori and rural non-Māori is greater than the gap between urban Māori and non-Māori life expectancy. The School of Rural Health has an important opportunity to support effective strategies that engage with positive health production in rural areas while at the same time addressing the stark and pervasive Māori/non-Māori inequities that exist. The proposed School of Rural health will work in close partnership with rural iwi and hapū and commit to ensuring the School contributes in a

meaningful way to elimination of health inequities. This includes a commitment to meeting the health workforce and research needs of Māori communities.

The proposed School is a national collaborative approach including multiple tertiary providers and other organisations and, at its heart, partnerships with rural communities. Rural communities are diverse—if you are familiar with one rural community then you are familiar with one rural community, but not all rural communities. We believe that the significance of the proposed School extends beyond the health workforce needs of rural communities. New Zealand, in common with many other countries, faces serious challenges in achieving a distribution of its health workforce commensurate with population health need. The proposal, with its emphasis on community embeddedness, interprofessional learning and partnerships, will hopefully provide broader learnings about how to encourage health professionals to align their career choices with population need.

Ultimately it is a matter for government to decide whether to adopt the proposal for a national interprofessional school of rural health. New Zealand relies on the rural sector, and rural communities in turn depend so much on attracting and retaining health professionals that we can't as a country afford to sit on our hands.

Competing interests:

Peter Crampton is a co-author of the Nixon paper that is the main focus of this editorial.

Author information:

Peter Crampton, Professor, Kōhatu, Centre for Hauora Māori, University of Otago, Dunedin; Joanne Baxter, Kai Tahu, Ngāti Apa ki te Rā Tō, Associate Professor, Head of Centre, Kōhatu, Centre for Hauora Māori, University of Otago, Dunedin.

Corresponding author:

Prof Peter Crampton, Kōhatu, Centre for Hauora Māori, University of Otago, PO Box 56, Dunedin.
peter.crampton@otago.ac.nz

URL:

<http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1485-9-november-2018/7733>

REFERENCES:

- | | | |
|---|---|--|
| <p>1. Nixon GH, Kerse NM, Bagg W, Skinner MA, Larmer PJ, Crampton P. Proposal for a National Interprofessional School</p> | <p>of Rural Health. N Z Med J. 2018; 131(1485):67–75.</p> <p>2. Ministry of Health. Mātātuhi Tuawhenua:</p> | <p>Health of Rural Māori. Wellington Ministry of Health; 2012.</p> |
|---|---|--|