



**Hauora
Taiwhenua**
Rural Health
Network

Rural Health New Zealand Snapshot 2024



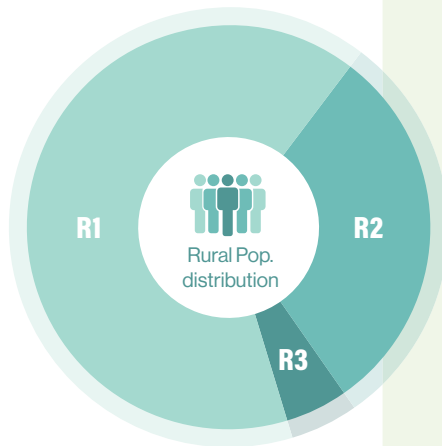
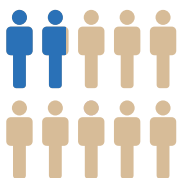
Urban

Rural

Rural Health New Zealand Snapshot 2024

POPULATION

19% of the New Zealand population live in rural areas⁽¹⁾



81% of the New Zealand population live in areas U1 and U2

R1 - 65%
total population: 576093

19% are Māori
50% are Female
19% are over 65 years old

R2 - 30%
total population: 268344

30% are Māori
49% are Female
20% are over 65 years old

R3 - 5%
total population: 44217

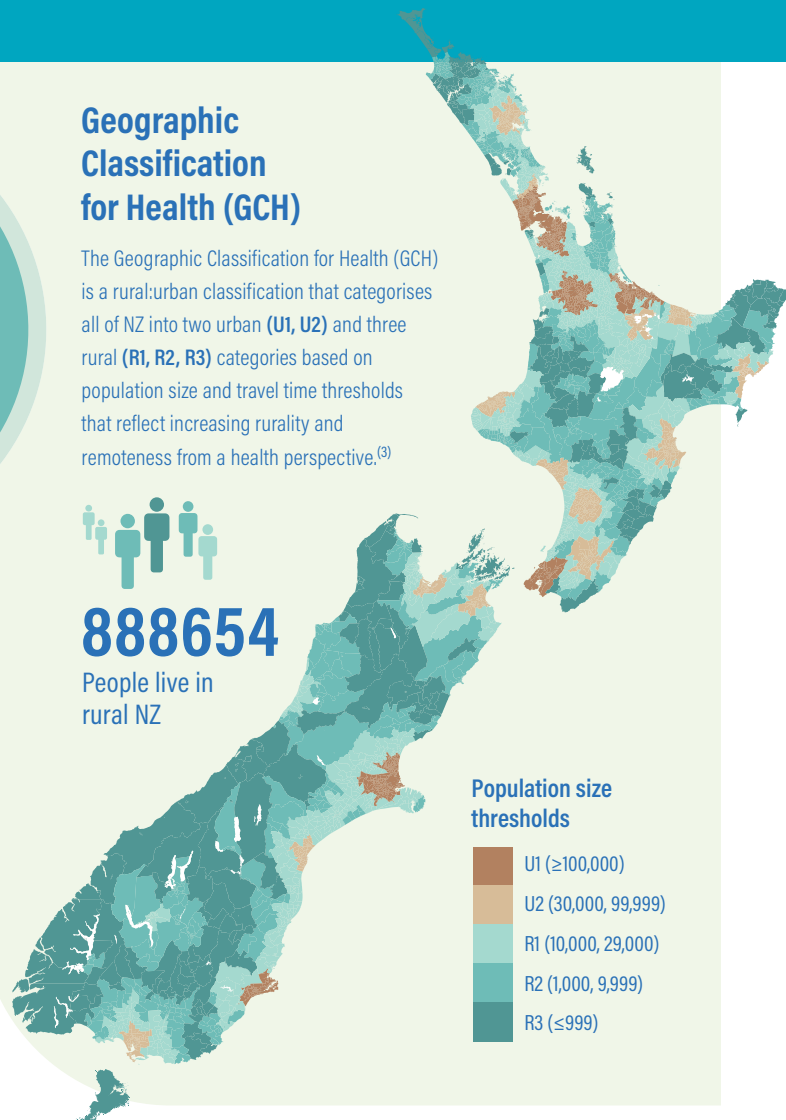
36% are Māori
48% are Female
19% are over 65 years old

Geographic Classification for Health (GCH)

The Geographic Classification for Health (GCH) is a rural:urban classification that categorises all of NZ into two urban (U1, U2) and three rural (R1, R2, R3) categories based on population size and travel time thresholds that reflect increasing rurality and remoteness from a health perspective.⁽³⁾



888654
People live in rural NZ



Population size thresholds

- U1 (≥100,000)
- U2 (30,000, 99,999)
- R1 (10,000, 29,000)
- R2 (1,000, 9,999)
- R3 (≤999)

Māori



Female



Over 65 years



NZDep Quintile 5*



Māori who are under 30 years old, living in remote areas (R3) are **twice as likely to die from a preventable cause** as Māori living in a large city (U1) ⁽⁸⁾



Non-Māori aged 30 to 44 years in more rural areas (R2 and R3) are **1.8 times as likely to die from a preventable cause** compared to Non-Māori in large cities. ⁽⁸⁾



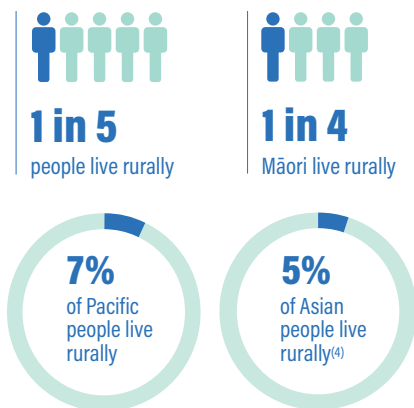
Suicides for males are considerably higher in rural areas. For 15-44 year olds the **rural suicide rate is 64% higher than the urban rates**, overwhelmingly related to firearms. ⁽⁹⁾



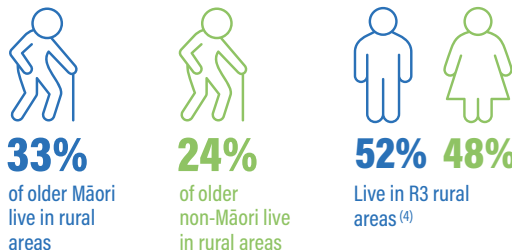
Increasing rurality is associated with an increasing gap between Māori and Non-Māori mortality rates. In our most remote communities the age standardised **mortality rate is 2.5x** the Non-Māori rate. ⁽⁸⁾

* Defn: NZDep measures the level of socioeconomic deprivation that people live with. A NZDep Quintile 5 represents those people who are the most economically deprived

ETHNICITY & AGE



There are large and growing Pacific populations in some rural communities across NZ such as Oamaru, Ashburton and Tokoroa. ⁽⁴⁾

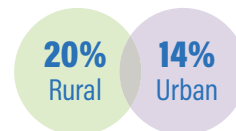


Over 75 years of age living outside U1 areas ⁽⁴⁾

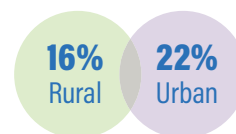


Significantly more older Māori live outside large cities. ⁽⁴⁾

Over 65 years of age

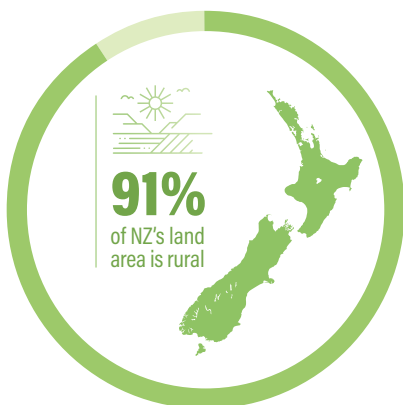


Young adults 15-29 years



Rural populations are older and have less young adults aged between 15 and 29 years old living in them.⁽⁴⁾

ECONOMICS & GEOGRAPHY



Successive governments have ambitious trade targets of **doubling exports in 10 years**. Primary industry production is a significant contributor to achieving this. Healthy vibrant rural communities are essential to increasing primary industry production.

Primary Industries Produce:



SOCIAL DETERMINANTS OF HEALTH

Social and Economic Deprivation

Social and economic deprivation quintile 5* (Q5):

There is a substantial overlap of rurality and socioeconomic deprivation which is also strongly connected to ethnicity.

19% of New Zealanders living in U1 live within Q5

37% of Māori living in U1 live within Q5



39% of New Zealanders living in R3 live within Q5

73% of Māori living in R3 live within Q5



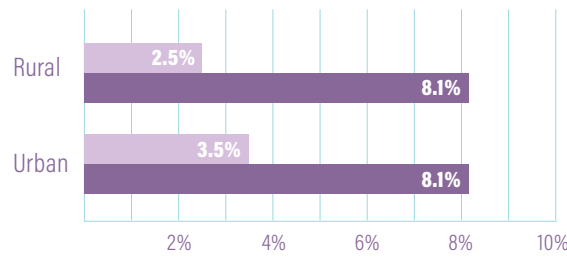
* Defn: NZDep measures the level of socioeconomic deprivation that people live with. A NZDep Quintile 5 represents those people who are the most economically deprived

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Employment and income

Unemployment rates

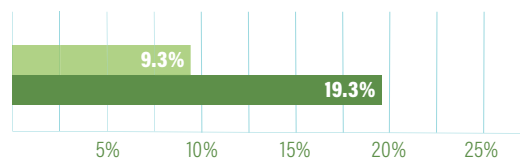
Overall, unemployment rates are slightly lower in rural areas compared to urban areas but in rural areas, Māori have a much higher rate of unemployment than non-Māori. ⁽⁴⁾



■ Non-Māori
■ Māori

Income over \$70,000

Both Māori and non-Māori living in remote areas are roughly half as likely to report a high income than those living in urban areas. ⁽⁴⁾



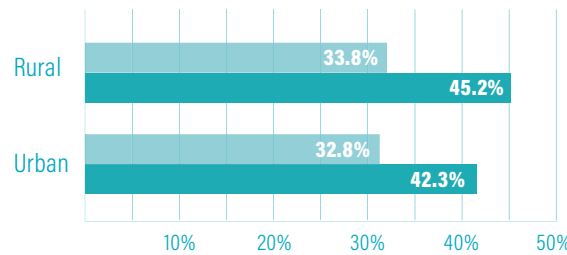
≥70K

■ R3 ■ U1

Income under \$20,000

Low income rates are similar across urban and rural areas for the entire population but rural Māori have a higher rate of low income than urban Māori. ⁽⁴⁾

Note: Under \$20k is considered low, and over \$70k high. There is no analysis for income over \$70k.

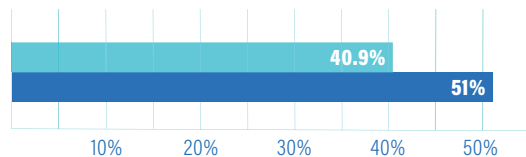


≤20K

■ Non-Māori
■ Māori

Income under \$20,000 in remote R3 areas

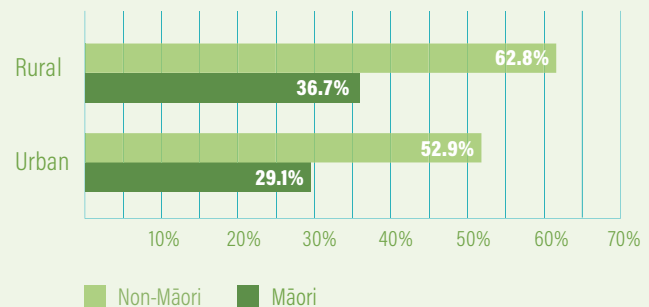
The rates of people living in remote, R3 areas who report having an income under \$20,000, are very high, but the rates for Māori are significantly higher.



■ All ■ Māori

R3 ≤20K

Home Ownership



Rural residents are more likely to own their home (or hold it in a trust) than urban residents.

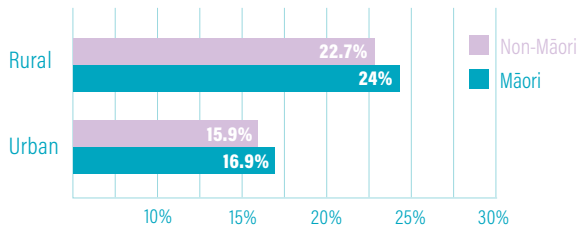


39% of Māori who live in R3 own their own home. This is a much higher ratio than Māori living in all other areas. ⁽⁴⁾

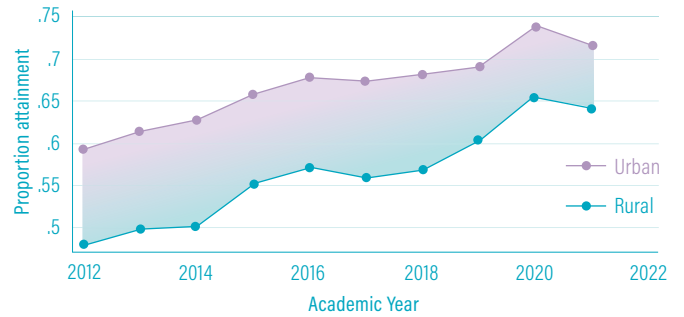
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Education

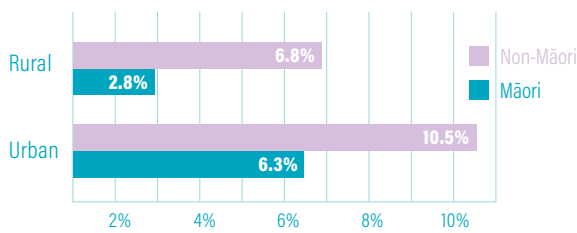
No formal qualifications



Level 3 NCEA attainment per GCH category



Bachelor or higher qualifications



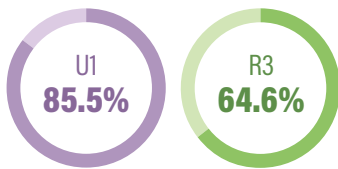
Rural people are substantially more likely to have no formal qualifications, and Bachelors or higher degrees are much less common in rural areas. ⁽⁴⁾

The rate of rural origin students enrolled in medical school is less than half that of students from urban areas. ⁽⁶⁾

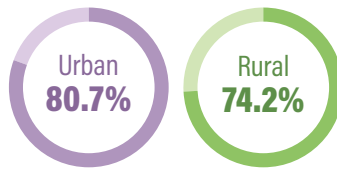
Rural secondary school students collectively have much lower Level 3 NCEA results than urban students. It is likely that this means they have greater difficulty entering competitive medical and other professional programmes of study. ⁽⁵⁾

Telecommunications

Access to a cellphone



Internet connectivity



2.5% of rural households have no access to telecommunications

Almost all NZ households have access to at least one form of telecommunication but rates of connectivity reduce significantly in rural areas compared with urban. ⁽⁴⁾

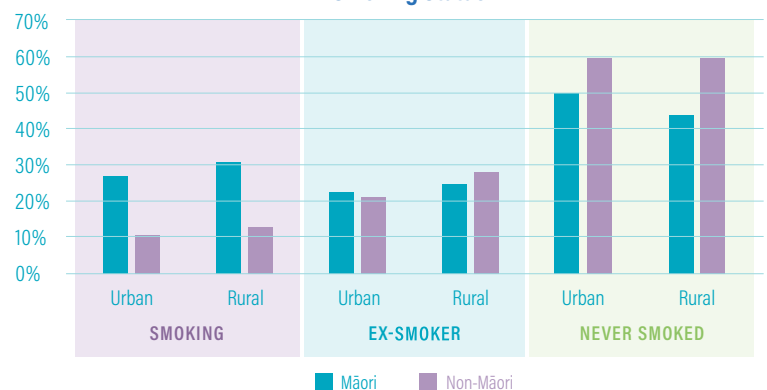


HEALTH RISK FACTORS

Compared to urban residents, **people living in rural areas were more likely to be regular or ex-smokers.** ⁽⁴⁾



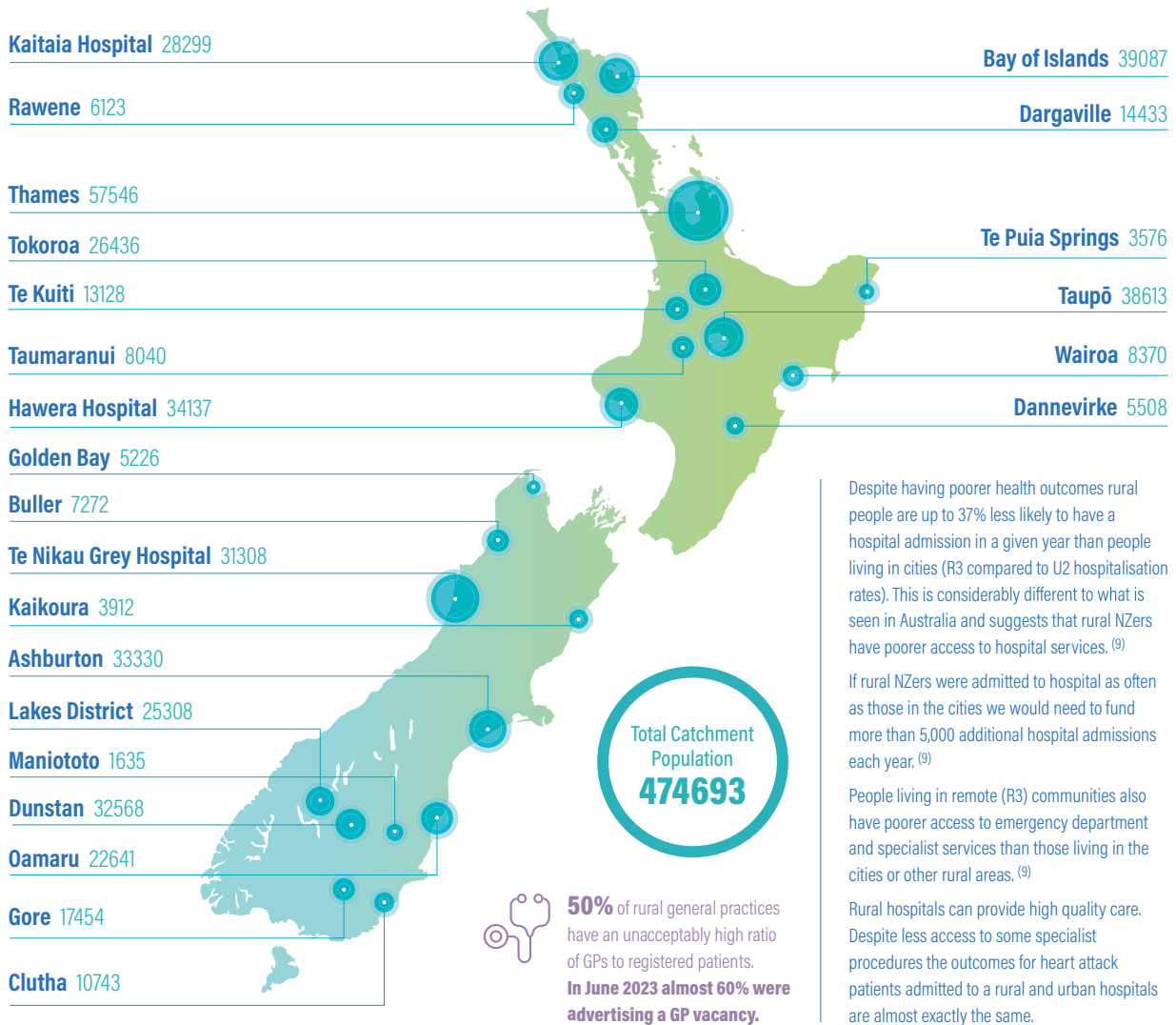
Smoking Status



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RURAL HOSPITALS

Indicative catchment populations of 24 rural hospitals



Despite having poorer health outcomes rural people are up to 37% less likely to have a hospital admission in a given year than people living in cities (R3 compared to U2 hospitalisation rates). This is considerably different to what is seen in Australia and suggests that rural NZers have poorer access to hospital services.⁽⁹⁾

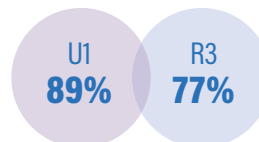
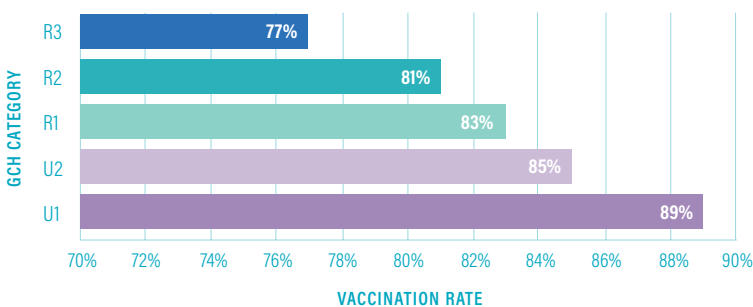
If rural NZers were admitted to hospital as often as those in the cities we would need to fund more than 5,000 additional hospital admissions each year.⁽⁹⁾

People living in remote (R3) communities also have poorer access to emergency department and specialist services than those living in the cities or other rural areas.⁽⁹⁾

Rural hospitals can provide high quality care. Despite less access to some specialist procedures the outcomes for heart attack patients admitted to a rural and urban hospitals are almost exactly the same.

COVID-19 Vaccination Rates

COVID-19 Vaccination Rates - All ages, all ethnicity



Overall rural vaccination rates lagged behind urban rates, with the widest gaps seen in those aged 12 - 44 years.⁽¹¹⁾

There is a clear gradient of lower vaccination rates with increasing rurality.

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NOTE: This initial presentation of the Hauora Taiwhenua Rural Health Network's first edition of 'A Snapshot of Rural Health' is undergoing a final review by contributing researchers. The final release will be made available at the end of May 2024.



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