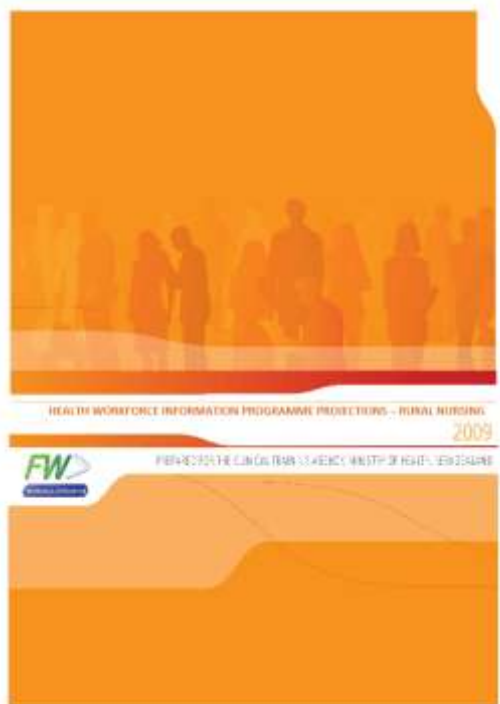


Rural nursing using the Health Workforce Information Programme and Planning (HWIP) forecasting framework



*William Hamilton:
Manager*

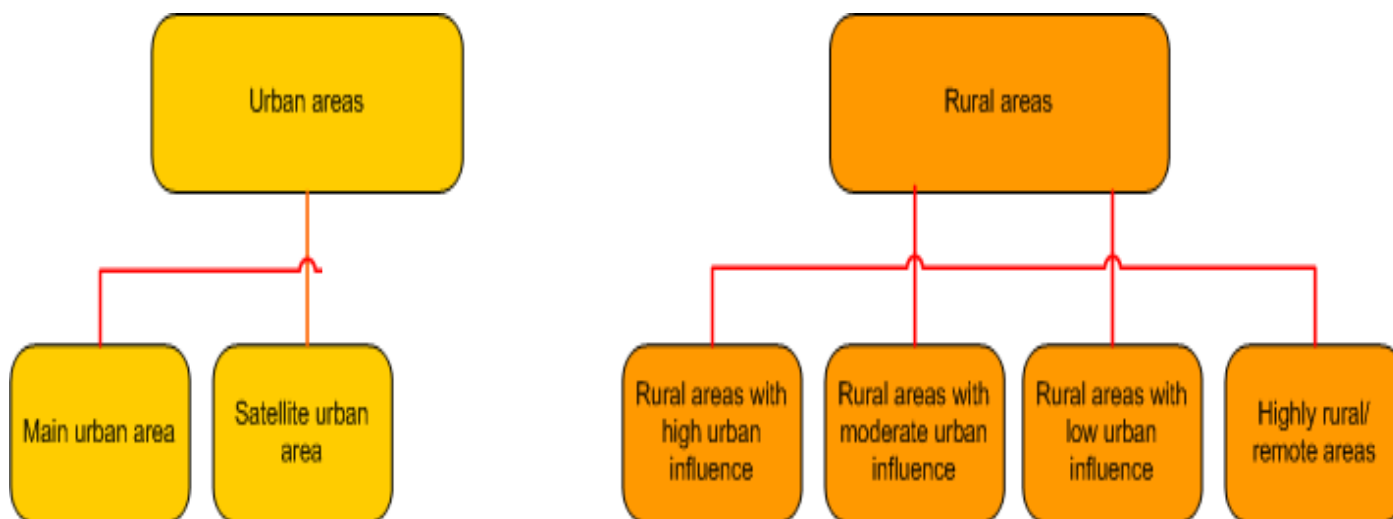
*Health Workforce
Information Programme
Planning (HWIP)*

Definition

Rural nursing is the delivery of nursing services by the regulated nursing workforce to rural communities and areas.

But what is a 'rural community or area'?

Statistics New Zealand - urban/rural profile classification

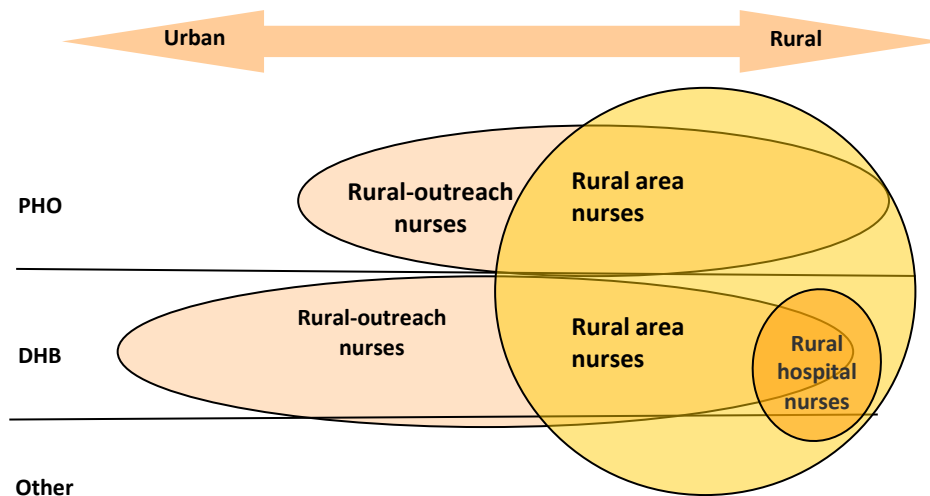


Independent urban communities have fewer than 20% of the (usually resident) employed population working in a main urban area

Numbers of nurses (headcount) across the urban/rural profile

| Main urban area | Satellite urban area | Independent urban area | Rural – high urban influence | Rural – low urban influence | Rural – low urban influence | Highly remote/rural | Unknown | Total active nurses | Rural nurses |
|-----------------|----------------------|------------------------|------------------------------|-----------------------------|-----------------------------|---------------------|---------|---------------------|--------------|
| 34423.76 | 457.62 | 3977.4 | 98.32 | 64.35 | 248.48 | 116.19 | 1229.87 | 40616 | 527.34 |

Rural-area and rural-outreach



Rural outreach nurses supply a significant amount of nursing services to rural areas from independent urban areas

This is likely to increase

Rural-area nurses who:

- are the traditional 'rural' nurses;
- live and work in rural communities, including hospitals
- work with a defined population
- may;
 - offer nurse led clinics in rural communities,
 - do home visits,
 - participate in community health promotion and risk management
- are often in the rural communities within least urban influence and/or are highly rural/remote

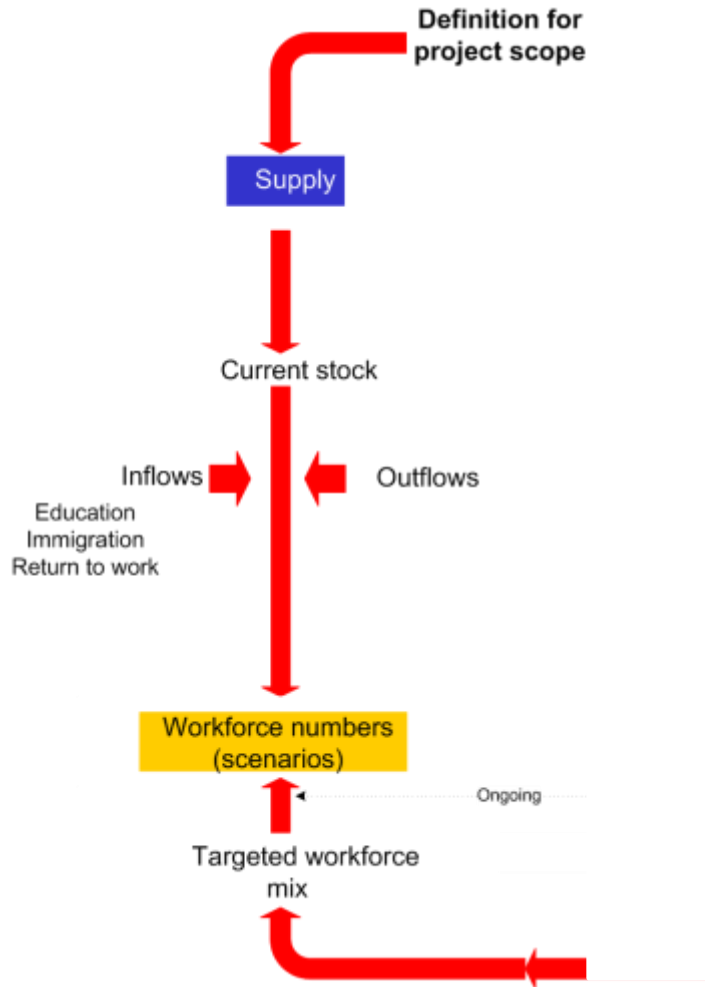
| | Number of rural-area nurses | Growth in supply (per annum) |
|------|-----------------------------|------------------------------|
| 2009 | 527 | 12.5% |
| 2029 | 794 | -0.4% |

Rural-outreach nurses:

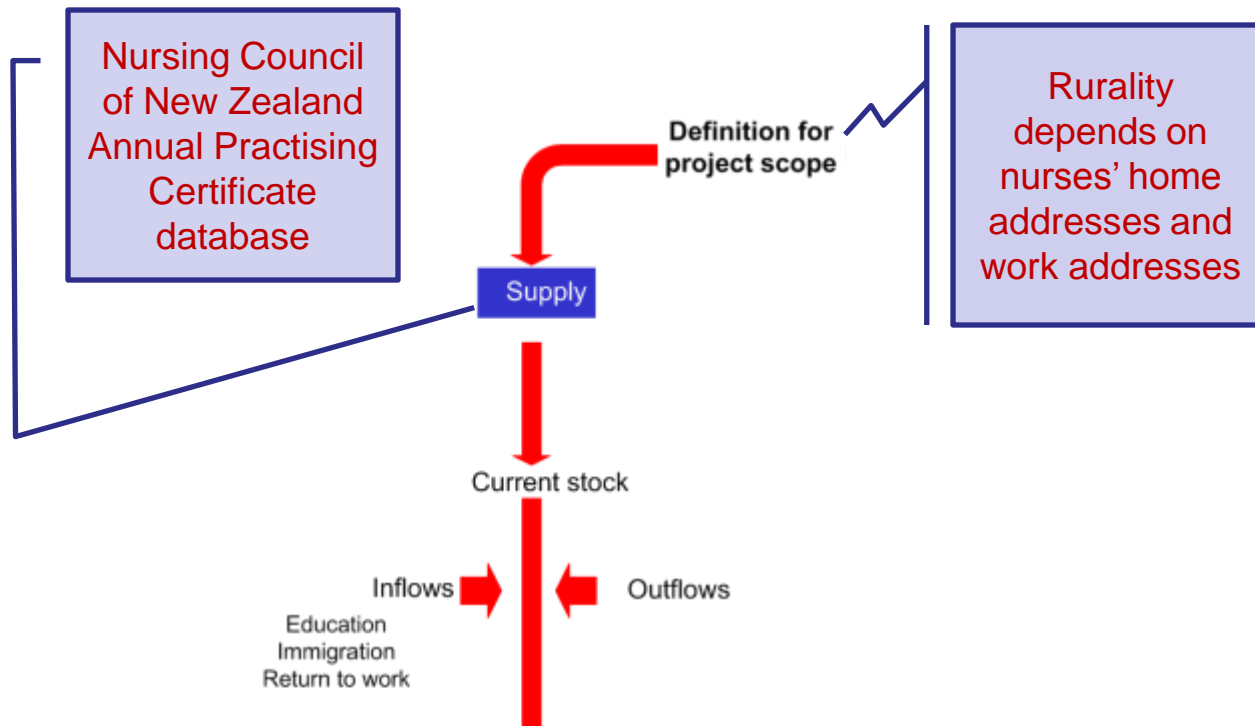
- may live and work for a health provider based in a neighbouring independent urban community and travel to deliver nursing services in rural communities
- are likely to be employed by a PHO provider or funded directly from a PHO. Some may be employed by DHBs
- may also practice in relative isolation without decision making support at the point of care

- Of 3977 nurses in independent urban communities some will have rural-outreach component to practice

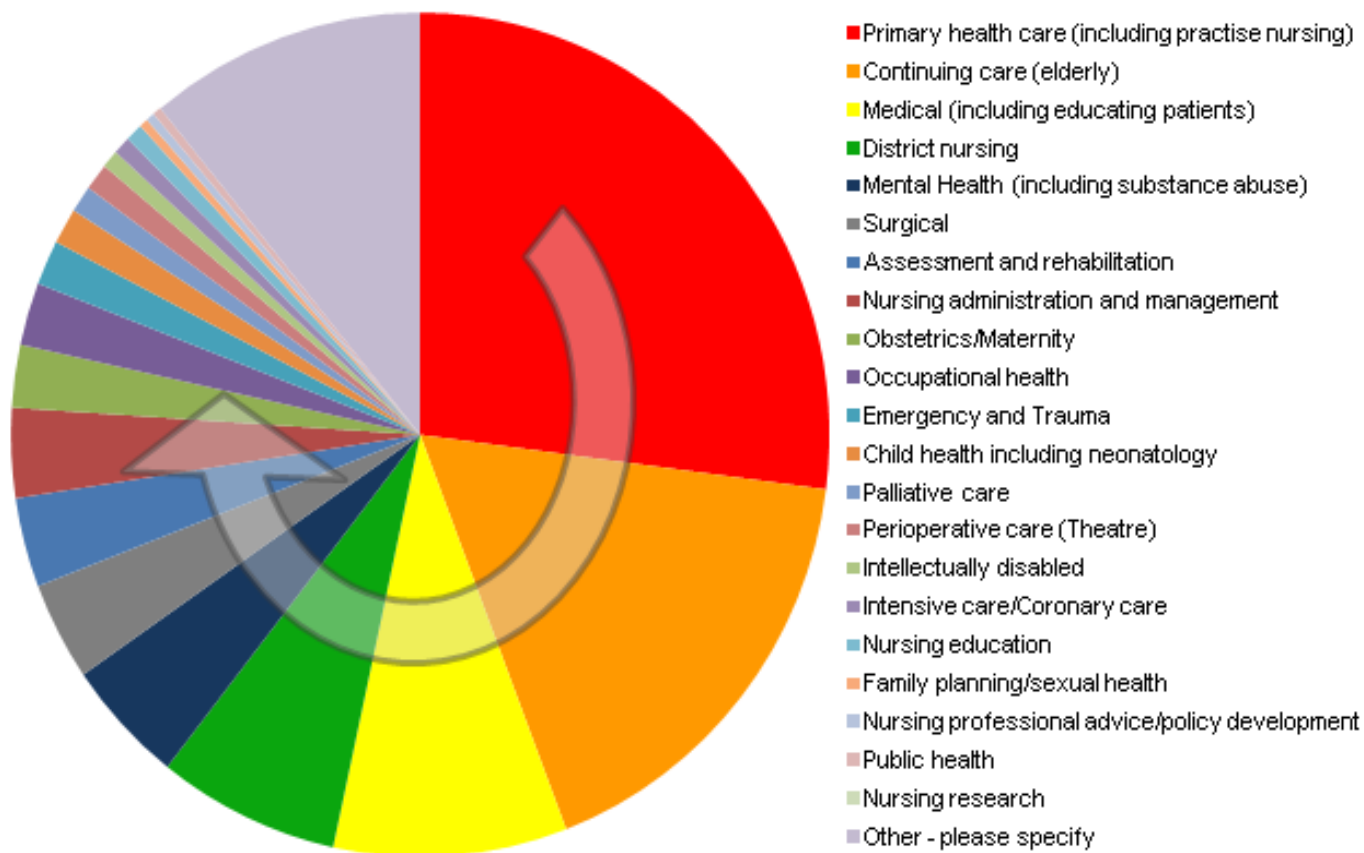
Methodology - supply and demand framework

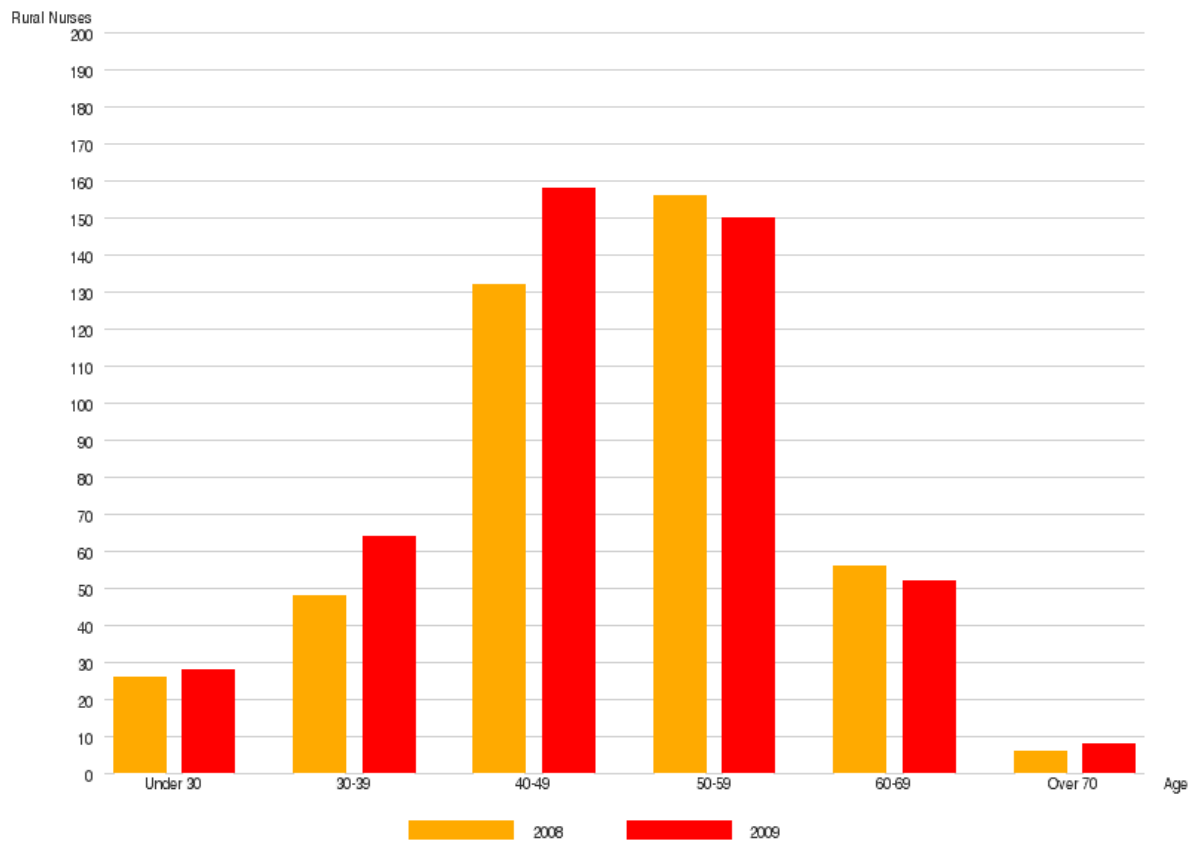


Supply side of the forecasting framework - about nurses

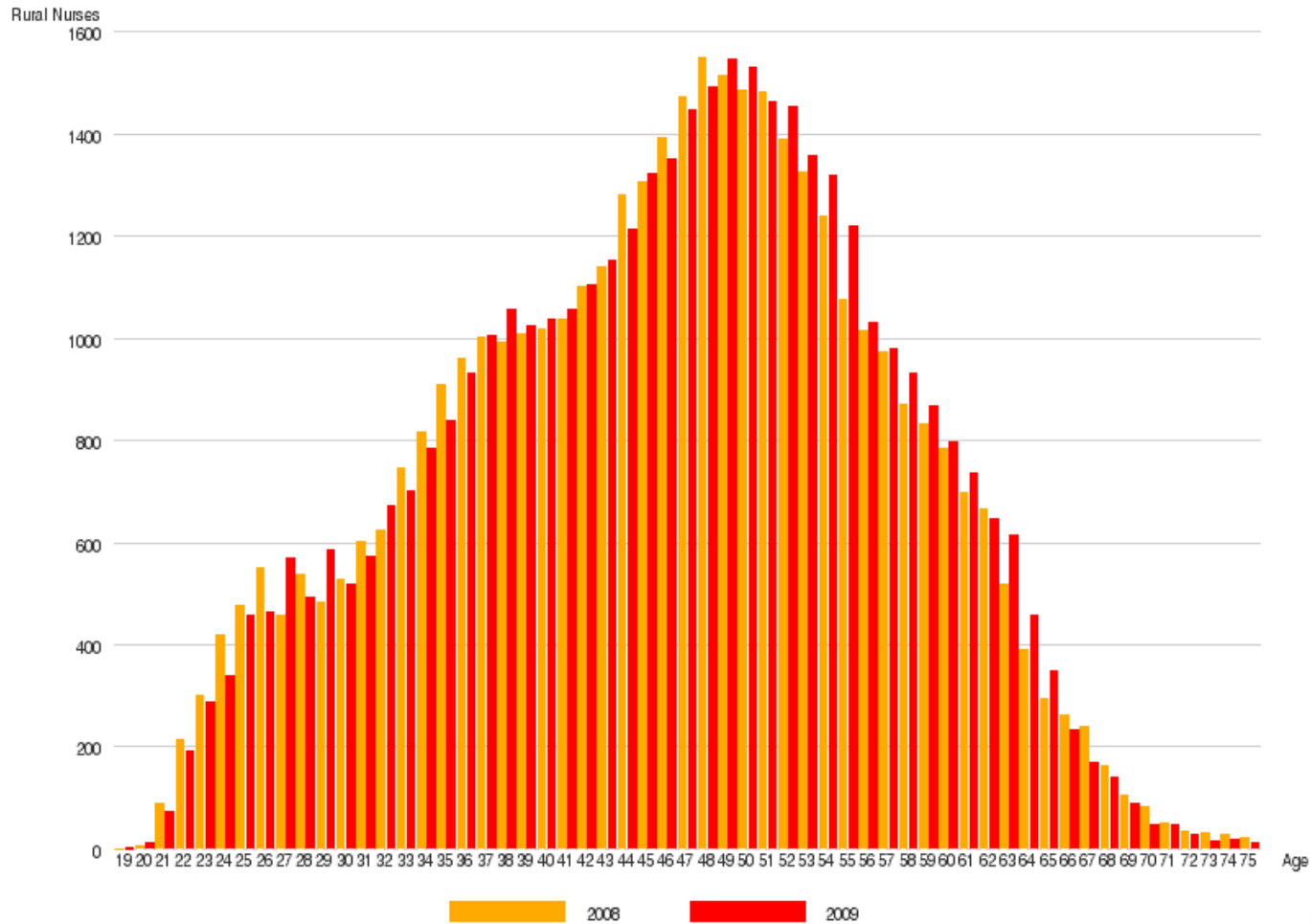


Rural nurses 'do' everything





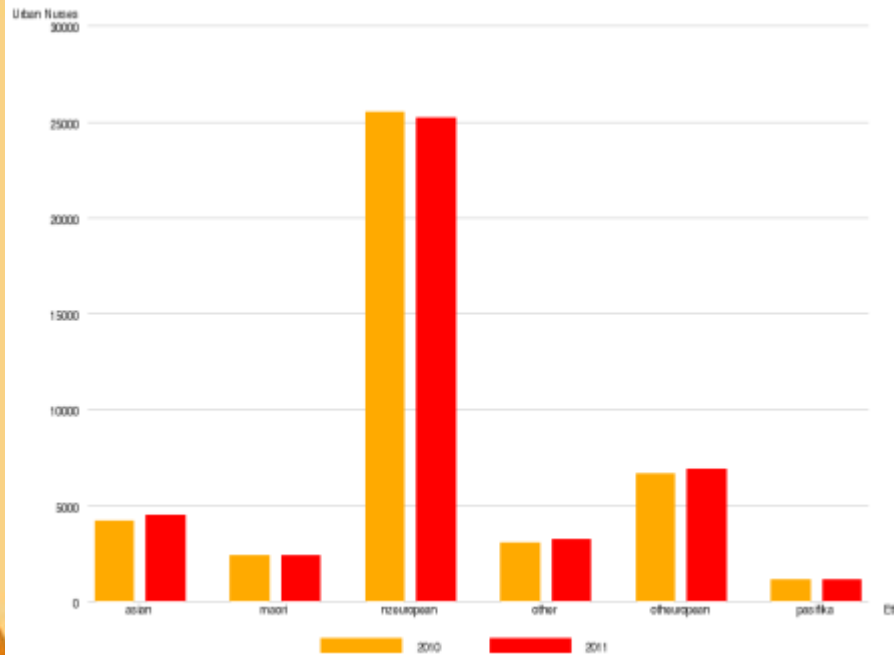
Anticipated changes 2009-2029 - rural nurses age groups



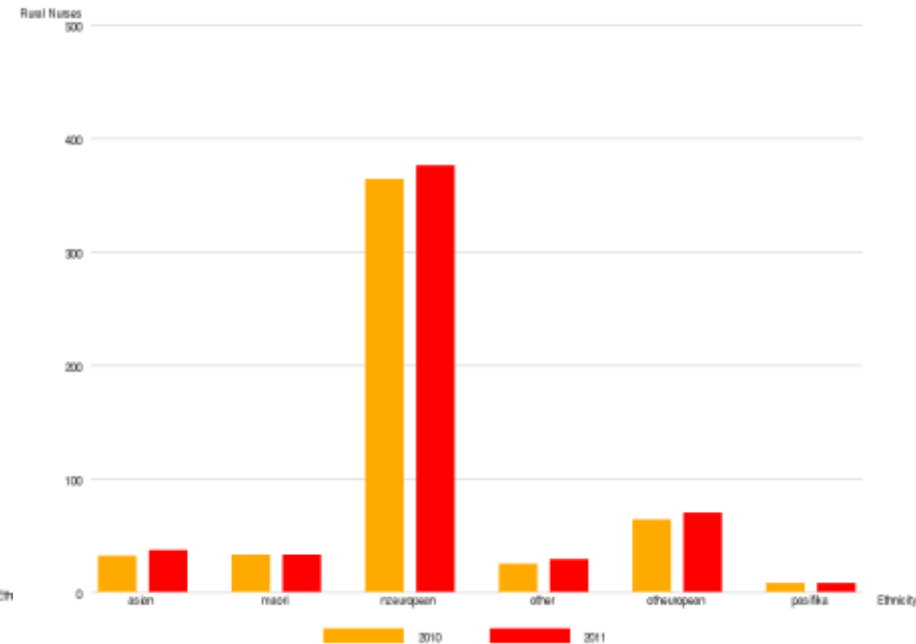
Total nursing workforce median age changes 2009-2029

Ethnic distribution of nurses 2009-2029

Urban Ethnicity

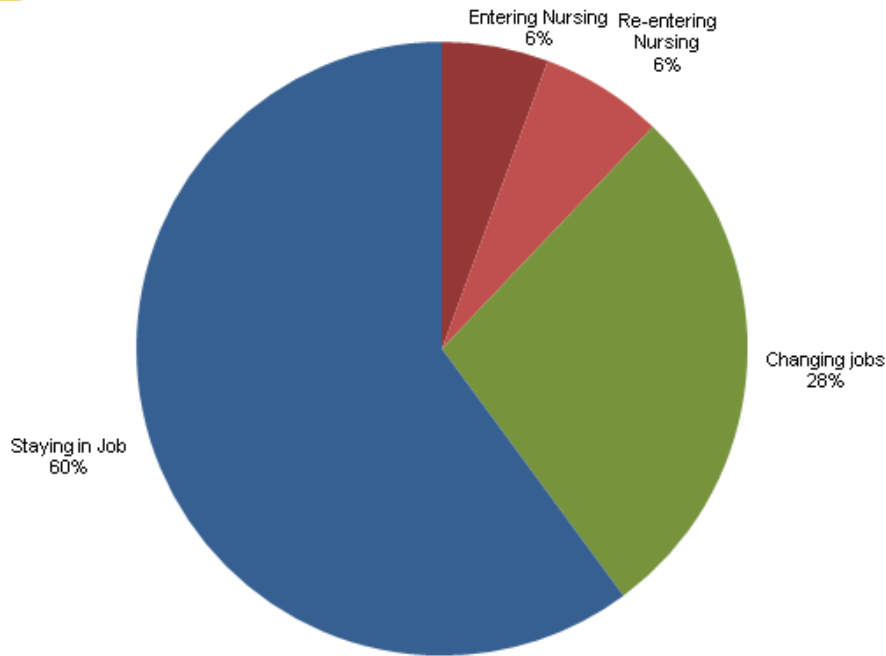


Rural Ethnicity

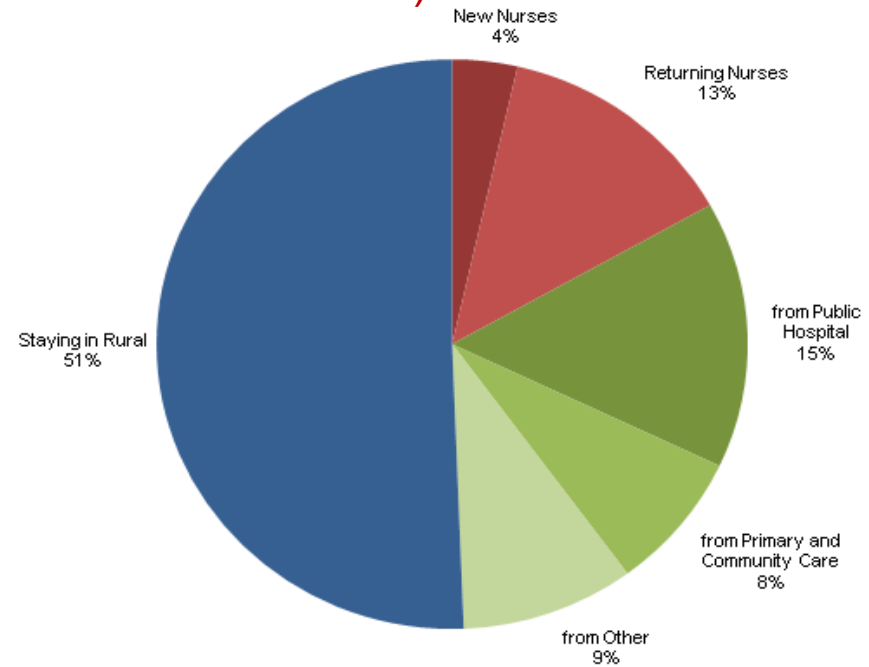


Workforce flow

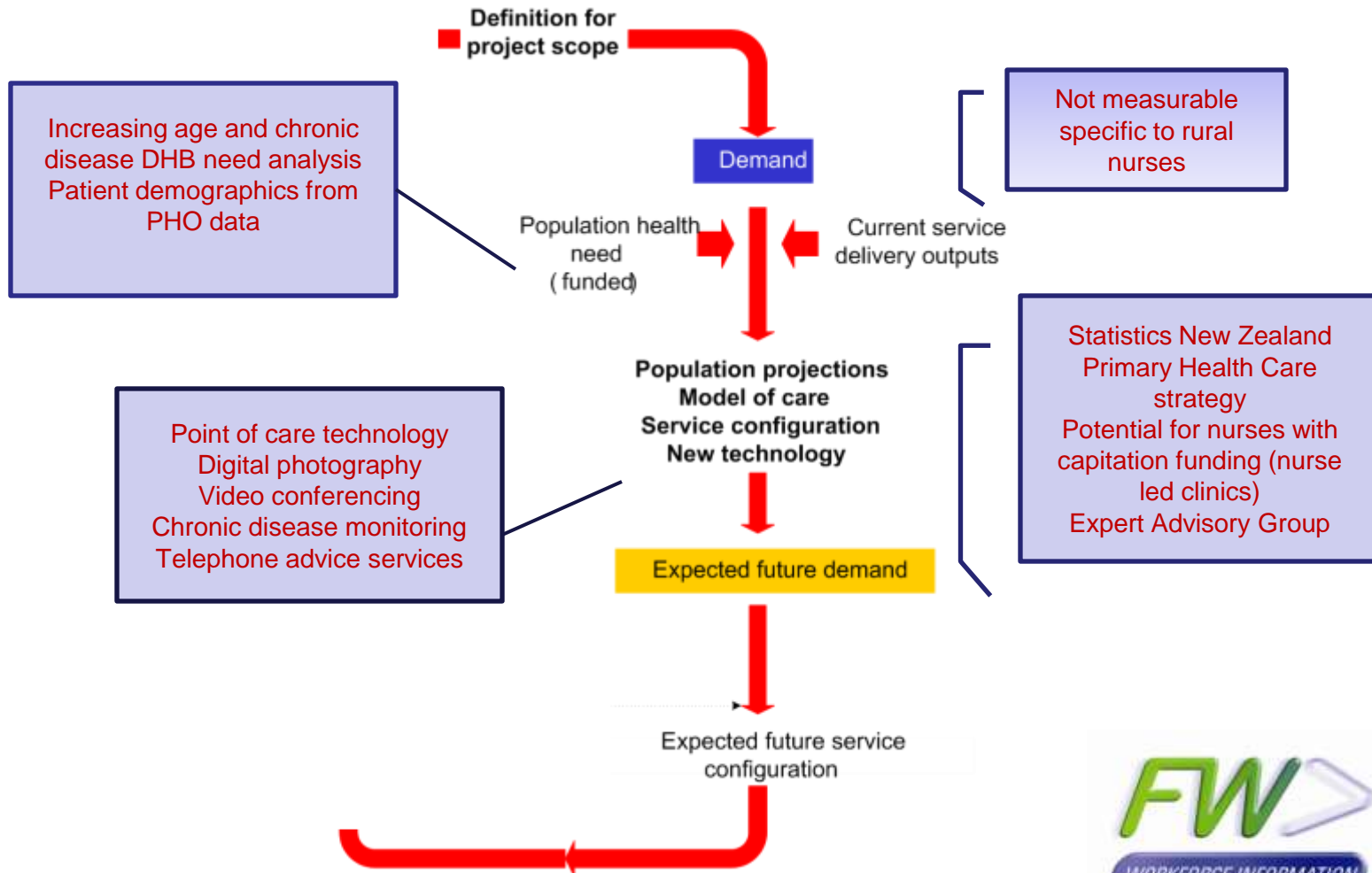
All nurses

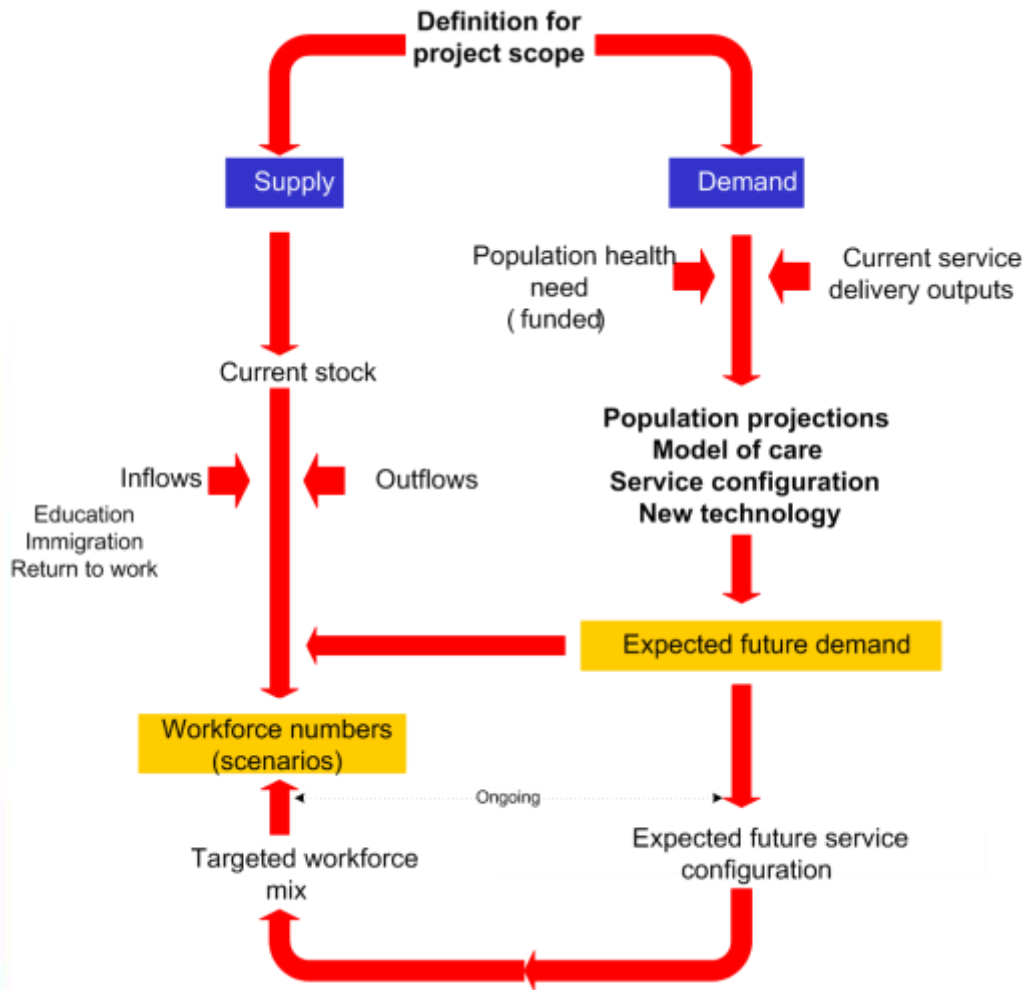


Rural nurses (independent urban area nurses are not included)



Demand - about patients





- The two sides meet
- Scenarios developed
- Potential for ongoing process

Example - change in demand rural Maori population from population projections



- Maori population growth 23.9% by 2029
- 8 % growth in overall rural population
- Demand weighted accordingly

Thank-you to the rural nursing Expert Advisory Group

- Maria Baker** Project Leader, *Te Rau Matatini* (Maori Mental Health Workforce Development) Organisation
- Anne Fitzgerald** Rural Nurse Specialist, Haast, West Coast
- Leanne Samuel** Director of Nursing and Midwifery, Southland DHB and Otago DHB
- Mia Carroll** Senior Lecturer, School of Nursing, Faculty of Medical and Health Sciences, the University of Auckland
- Rose Lightfoot** Chief Executive Officer, Te Tai Tokerau, PHO
- Kirsty Murrell-McMillan** Rural Nurse Specialist, Otago
- Jane O'Malley** Director of Nursing and Midwifery, West Coast DHB

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