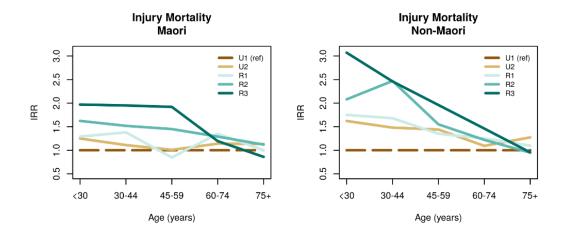
Masters project topic

The impact of socioeconomic deprivation, rurality and ethnicity on injury risk

Supervisors

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The population of Aotearoa New Zealand (NZ) is differentially distributed across areas of socioeconomic deprivation and across the rural-urban spectrum with notable differences apparent between Maori and non-Maori. Using the Geographical Classification for Health (GCH) and the New Zealand Index of Deprivation (NZDep), this project will seek to understand how the intersection of socioeconomic deprivation, rurality and ethnicity impacts on injury risk. More specifically, this project will apply the GCH and NZDep to the most recent 5-years of data in NZ's Mortality Collection to examine the extent to which socioeconomic deprivation and rurality impact injury mortality for Māori and non-Māori under 60 years of age. Research to date has shown that rates of injury mortality for Māori in this age group are twice that for those living in the most remote areas (GCH category R3) compared to those living in major metropolitan cities (U1). For non-Māori, the respective rates are three times higher for those under 30 years of age, 'reducing' to two times higher in those 45-59 years old. Elevated mortality was also observed for those in less remote rural areas (R1 and R2). In this project, the extent to which socioeconomic deprivation explains the increased injury risk in rural residents, both Māori and non-Māori, will be examined using regression methods. Differences in the mechanism, intent, activity and place of occurrence (e.g. home, road, industrial area) of the injury event between population groups defined by rurality, socioeconomic deprivation and ethnicity will also be examined to help understand the differential injury risk and highlight areas that could be targeted for intervention.



From Nixon G, Davie G, Whitehead J, Miller R, de Graaf B, Lawrenson R, Smith M, Wakerman J, Humphreys J, Crengle S. Comparison of urban and rural mortality rates across the lifespan in Aotearoa/New Zealand: a population-level study. *J Epidemiol Community Health* 2023;**77:**571-577. DOI: 10.1136/jech-2023-220337