Hauora Taiwhenua
Rural Health Network

SUBMISSION ON THE Data and Statistics (Census) Amendment Bill

Date: 14th April 2026

Introduction:

1. Thank you for the opportunity to submit on the Data and Statistics (Census) Amendment Bill.
2. Hauora Taiwhenua Rural Health Network is a collective organisation to advocate for the health and wellbeing of rural New Zealanders.
3. Rural people are legally recognised as a priority population in the Pae Ora (Healthy Futures) Act, and Aotearoa New Zealand's first Rural Health Strategy was developed by the Ministry of Health in 2023.
4. **Our vision is healthy and thriving rural communities**.
5. Our strategic objectives include:
    a. Be the trusted united voice of rural health and wellbeing in New Zealand.
    b. Advocate for equitable access to Health and Disability Services for rural Māori
    c. Advocate for equitable access to Health and Disability Services for rural New Zealanders
    d. Promote a coordinated health and disability service for rural New Zealand
    e. Advocate for training and education that results in a rural health workforce that is sufficient in size, proficient and competent
    f. Provide support for the rural health workforce and their families
    g. Promote research opportunities that positively influence rural health outcomes
    h. Provide effective representation and leadership on rural health issues
    i. Aligned to the values and concepts of Te Tiriti o Waitangi
    j. Implement policies and practices that are inclusive of wider community, cultures and industries and acknowledge the unique place of Māori as tangata whenua.
6. Accurate population information about rural communities is essential for us to fulfil our role as an advocate for the health and wellbeing of rural New Zealanders. We regularly produce "rural health snapshots" that summarise key rural health research, population trends, and information about rural communities and the wider rural population. Our analysis is that the proposed

changes outlined in the Bill will reduce the availability and quality of information about rural populations, Māori, Pacific peoples, disabled people, and significantly reduce the quality and availability of place-based population data.

7. Accurate rural population information is also essential for the Ministry of Health and Te Whatu Ora Health New Zealand to monitor progress against the rural health strategy, design and deliver services, and to accurately distribute resources to improve health outcomes.
8. We do not believe that the rural sector, nor the rural health sector has been adequately consulted about the proposed changes outlined in the Bill.
9. For these reasons we cannot support the Bill in its current form. We believe that an independent expert review is needed before any legislative change proceeds, and that an independent assessment of the impacts of the proposed changes on rural data be undertaken.

Summary of position

10. **We oppose the Data and Statistics (Census) Amendment Bill.** A move away from full enumeration to the proposed model of administrative data supplemented with a small rolling survey will have a disproportionate impact on rural communities. The capacity to support small-area statistics that are essential to describing the diversity of rural communities will be severely reduced, and several key variables will be entirely lost as no other source of this information exists. The data gaps will be largest for rural, and the data quality will be lowest for rural. This is unacceptable.
11. **The reduced quality of ethnicity data is of particular concern as it is a key variable in health service planning, resource allocation, and equity monitoring.** Census collects multiple-response ethnicity through a standardised question and process, collecting multiple ethnicities and detailed ethnicity levels that administrative data systems miss. Rural communities, and rural health services, require ethnicity data that is complete and accurate, but also spatially detailed.
12. **There are many important variables, essential for describing thriving rural communities that are only collected for the whole population through the census.** For instance, language use (e.g Te Reo Māori or NZ Sign Language), volunteer activities, disability, membership of rainbow communities, iwi affiliation, the presence of mould in housing are only collected through the census. Again, rural communities, rural service providers, rural researchers, and rural advocacy groups such as ourselves, require spatially detailed data which allows us to identify patterns for distinct rural populations.

13. **Intersectionality is a key strength of the census.** The availability of this data supports us in our advocacy and supports our network to make evidence informed decisions. For instance, we know that 73% of remote Māori live in areas of very high socioeconomic deprivation; we know that cigarette smoking rates are higher in rural compared to urban areas and are highest for rural Māori; and we know that Māori in rural and regional communities are more likely to participate in volunteer activities than non-Māori. This nuanced and intersectional information is essential for providing detailed and meaningful information about rural communities and cannot be gathered through administrative sources. The loss of this data will have a significant impact on our network, and the ability to use information and evidence to advance us towards our vision.
14. **An increased burden on the rural health sector to collect data for statistical purposes.** While administrative health data is often considered to be of high quality, we know that there are significant quality challenges. Health data is not collected for the statistical purpose of describing a population. It is collected to support health service delivery. Our rural health clinicians are severely stretched and work incredibly hard to ensure that they can provide high quality healthcare to their communities, with fewer resources than their colleagues in major cities. They are not trained in data collection for statistical purposes, and nor should they be, this is not the core focus of their jobs. We are concerned that there is a strong risk that rural clinicians and health services will face an additional burden around data collection with the move to an administrative data-based census, where the quality of such administrative data becomes even more important than previously. We are concerned about the risk of burnout for clinicians and rural health service teams, and about the considerable risk that resource constraints will mean that the quality of information collected from rural communities is lower than the quality of urban data.

Recommendations

1. Parliament should pause the legislative process until a full independent expert review has assessed the model proposed, outlined the impacts on rural data and rural communities, and developed approaches to mitigate these impacts.
2. Advice and engagement should be sought from rural communities, the rural health sector, rural Māori, and rural disabled people, as the negative impacts of the proposed changes will fall hardest on these groups.
3. An administrative data-first census, with full attribute enumeration, should be undertaken in 2030 with recommendations from the full independent expert review guiding future approaches to conducting a census.

Conclusion

Accurate data, that is spatially meaningful and reflects the diversity of rural New Zealand, is essential to the fulfilment of our vision for healthy and thriving rural communities. The Bill creates significant risks for data quality, especially for rural data, Māori data, Pacific data, disabled people data, and when considering intersectionality and the need for accurate place-based information. These risks, and their impacts on rural communities, rural Māori, rural health services, rural researchers, rural clinicians, and rural advocacy groups, have not been adequately considered. These rural groups have not been adequately engaged in the process.

The Bill should not proceed without independent expert review.

Ngā mihi nui

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