



**Hauora
Taiwhenua**
Rural Health
Network

Rural Health New Zealand

Snapshot 2026



Rural Health New Zealand Snapshot 2026

WELCOME

Kia ora tātou

Welcome to the second edition of the Rural Health Snapshot (Snapshot 2026). People living in the New Zealand rural heartland are the backbone of our agricultural and tourism industries, and yet their voices and needs are often overlooked when it comes to health spending. Hauora Taiwhenua is committed to maintaining a contemporary summary of rural health data to ensure accountability and monitoring of health outcomes for rural communities across Aotearoa New Zealand.

While rural communities are embedded in health legislation as a priority population, with mandated strategies and ministerial oversight, health data that can be filtered and reported by rurality remains in its early stages of development.

We are indebted to the small number of rural health researchers in New Zealand that passionately address the knowledge gap, despite funding challenges. Leading this work are the team from Otago University who developed the Geographical Classification for Health (GCH) in collaboration with the rural sector. Since July 2022, the GCH has enabled the interrogation of health datasets with clear definitions of rural/urban boundaries, to identify evidence-based differences in health outcomes. The majority of the work reported in this Snapshot 2026, is the result of the GCH research team. The collective knowledge and research from this group is best accessed through <https://www.otago.ac.nz/centre-for-rural-health/research/geographic-classification-for-health/about-the-gch>

We also acknowledge the significant work from the team at University of Auckland and the University of Waikato's Te Ngira

Institute for Population Research, whose research is also included in this Snapshot 2026.

We are encouraged that advocacy grounded in this work has led to tangible improvements, including rural re-weighting of primary care capitation, changes to rural funding allocation formulae, and the implementation of rural urgent care models and funding.

Snapshot 2026 incorporates the population estimates from Census 2023. We note the increased numbers of people living rurally, but the percentage of rural New Zealand as a whole decreasing. This is the inevitable outcome of urban intensification, immigration primarily to cities, and urban sprawl. A quick glance at the comparative GCH maps based on the 2018 census compared to the 2023 census shows this most markedly in the Queenstown Lakes region, and motorway corridors between Auckland/Hamilton and Wellington/Kapiti Coast.

These changes increase the need to keep a focus on health efforts and outcomes in rural New Zealand. With climate events disproportionately impacting rural communities, most recently in Northland, Coromandel, East Cape and the South Island's West Coast; they could find themselves even worse off in terms of access to core health services.

Please contact us if you have any questions about information provided in this report. We welcome feedback at any stage to this collation of evidence-based knowledge.



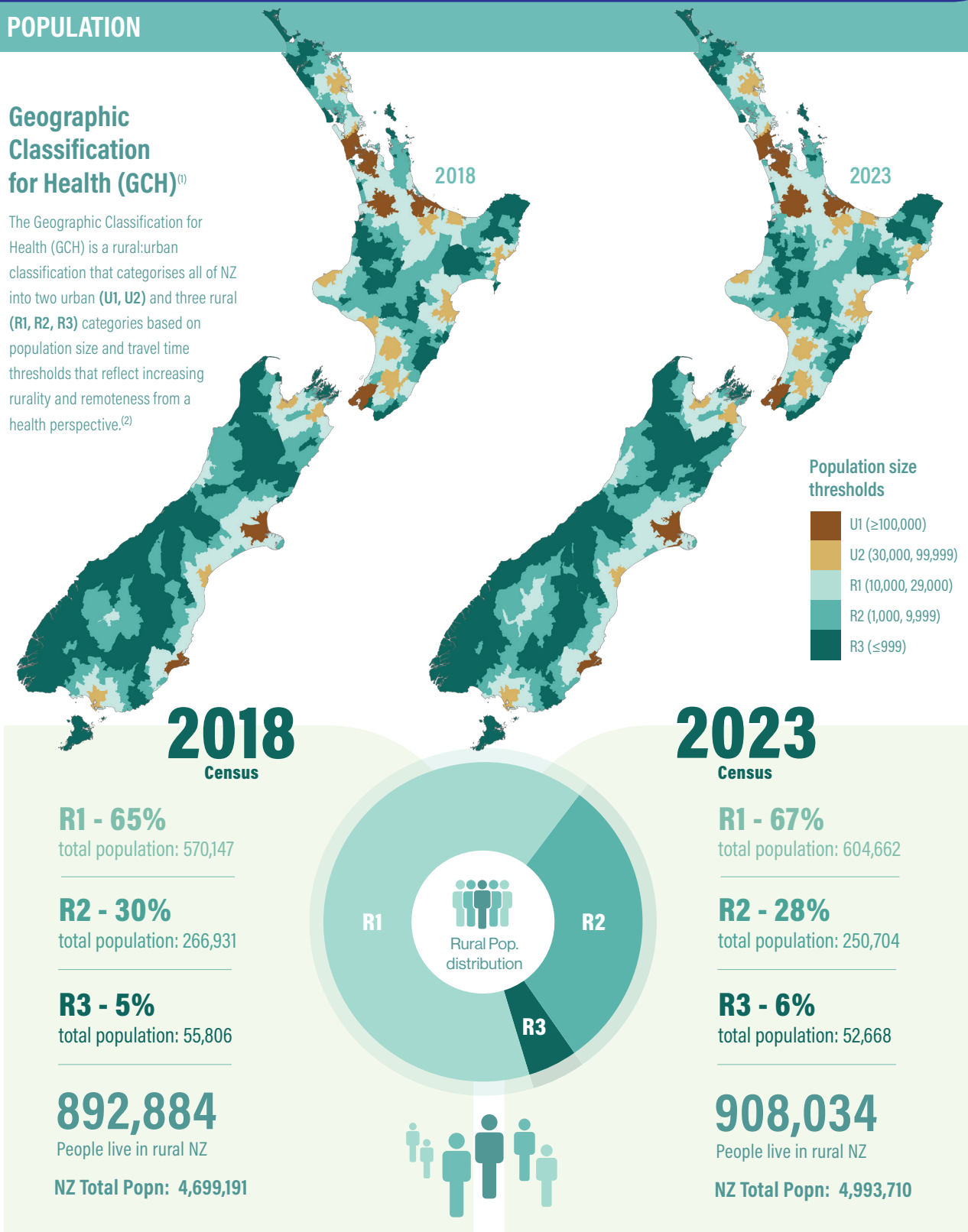


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POPULATION

Geographic Classification for Health (GCH)⁽¹⁾

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.⁽²⁾



Māori**



22%
Rural

15%
Urban

Female**



50%
Rural

50%
Urban

Over 65 years**



20%
Rural

14%
Urban

NZDep Quintile 5**



25%
Rural

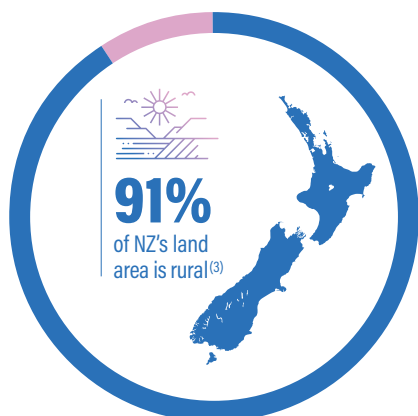
20%
Urban

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

** The ethnicity, gender, age and soc dep breakdown relates to the GCH 2018 census data, while no significant change is anticipated, this will be updated by the GCH team once detailed analysis of the 2023 census data is completed

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Economics and Geography



The Double Export Value Programme - commitment to double NZ's food and fibre sector export value to

\$106 billion
by 2034. ⁽³⁾

Primary Industries Produce:



The food and fibre sector accounted for **82.9%** of NZ Exports to June 2025 ⁽³⁾



The food and fibre sector accounted for **15.3%** of GDP in the year to March 2024 ⁽³⁾



12.4%
of NZ's workforce are employed in primary production employment ⁽³⁾

Ethnicity and Age



1 in 5
people live rurally ⁽⁵⁾



1 in 4
Māori live rurally ⁽⁵⁾



33%
of older Māori live in rural areas ⁽⁵⁾



24%
of older non-Māori live in rural areas ⁽⁵⁾



52% 48%
Live in R3 rural areas ⁽⁵⁾

Over 65 years of age

20%
Rural

14%
Urban

7%

of Pacific people live rurally ⁽⁵⁾

5%

of Asian people live rurally ⁽⁵⁾

There are large and growing Pacific populations in some rural communities across NZ such as Oamaru, Ashburton and Tokoroa. ⁽⁵⁾

Over 75 years of age living outside U1 areas ⁽⁵⁾

60% of Māori

49% of European

Significantly more older Māori live outside large cities. ⁽⁵⁾

Young adults 15-29 years

16%
Rural

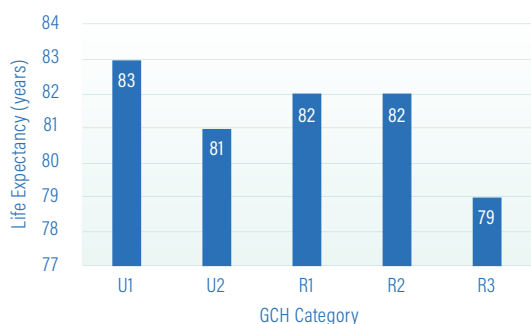
22%
Urban

Rural populations are older and have less young adults aged between 15 and 29 years old living in them. ⁽⁵⁾

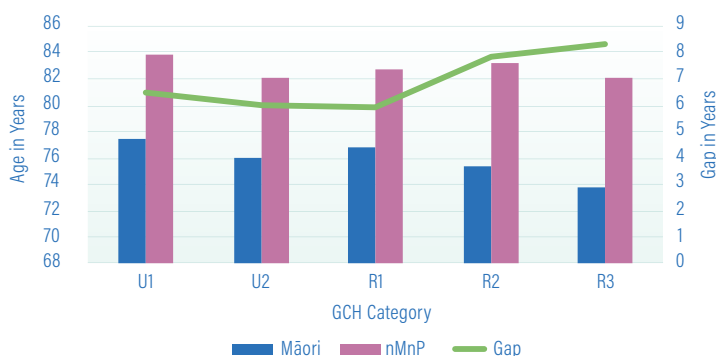
Life Expectancy

⁽⁴⁾

Life Expectancy Rural / Urban Classification ⁽⁴⁾



Life Expectancy by Broad Rural / Urban Classification, by Ethnicity ⁽⁴⁾



The gap in life expectancy of the total population, between U1 and R3 is 4 years, but analysing this by ethnicity reveals a much larger gap ⁽⁴⁾

There is a **6.8 year** difference in life expectancy between non-Māori / non-Pacific and Māori living in rural areas ⁽⁴⁾

There is almost a **10 year** gap in the life expectancy of non-Māori/non-Pacific living in U1, compared to Māori living in R3 ⁽⁴⁾

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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. ⁽⁵⁾

19% of New Zealanders living in U1 live within Q5 ⁽⁵⁾

37% of Māori living in U1 live within Q5 ⁽⁵⁾



39% of New Zealanders living in R3 live within Q5 ⁽⁵⁾

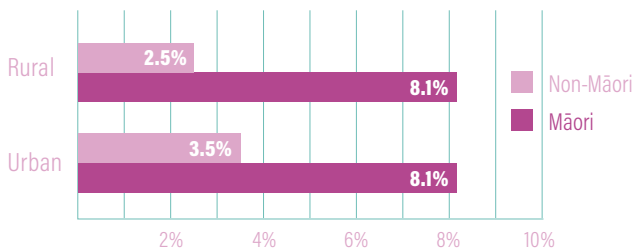
73% of Māori living in R3 live within Q5 ⁽⁵⁾



Employment and Income

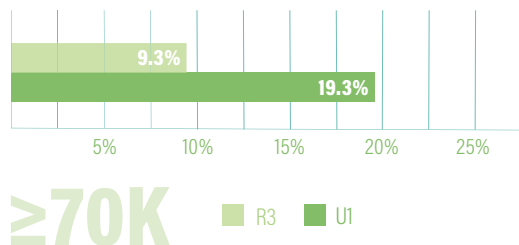
Unemployment rates

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. ⁽⁵⁾



Income over \$70,000

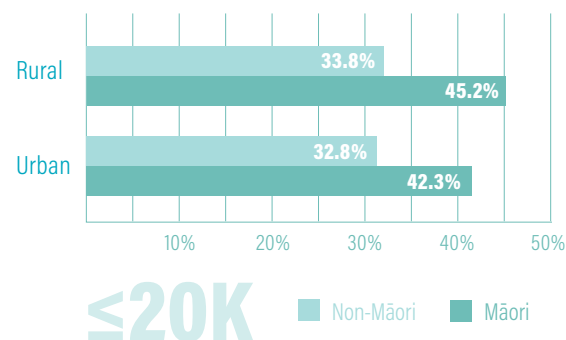
Both Māori and non-Māori living in remote areas are roughly half as likely to report a high income than those living in urban areas. ⁽⁵⁾



Income under \$20,000

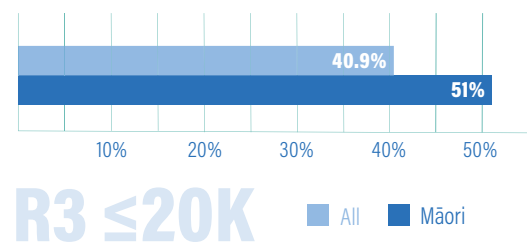
Low income rates are similar across urban and rural areas for the entire population but rural Māori have a higher rate of low income than urban Māori. ⁽⁵⁾

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



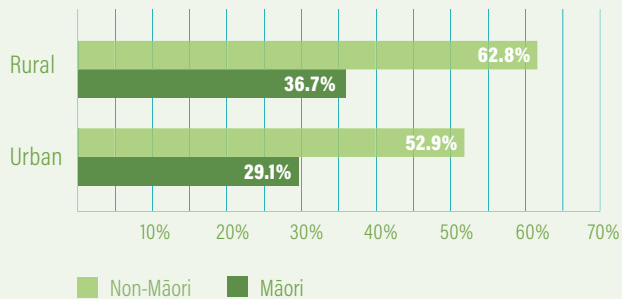
Income under \$20,000 in remote R3 areas

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. ⁽⁵⁾



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Home Ownership



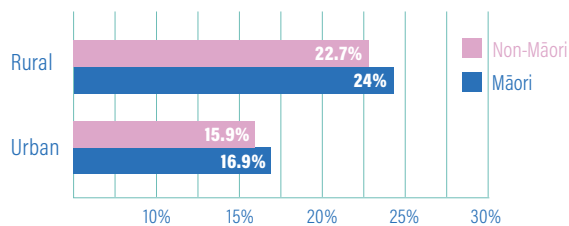
39% of Māori who live in R3 own their own home. This is a much higher ratio than Māori living in all other areas. ⁽⁵⁾



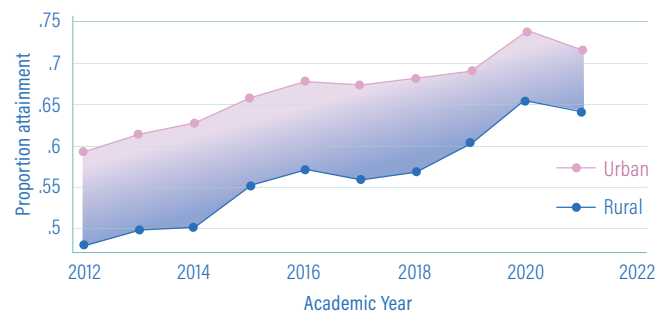
Rural residents are more likely to own their home (or hold it in a trust) than urban residents. ⁽⁵⁾

Education

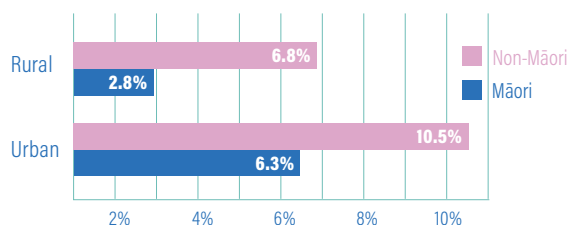
No formal qualifications ⁽⁶⁾



Level 3 NCEA attainment per GCH category ⁽⁶⁾



Bachelor or higher qualifications ⁽⁶⁾



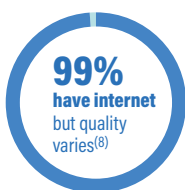
Rural people are substantially more likely to have no formal qualifications, and Bachelors or higher degrees are much less common in rural areas. ⁽⁶⁾

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. ⁽⁷⁾

Telecommunications

Key findings from 600+ rural respondents:



Internet access is "nearly universal," but the quality of this varies significantly: ⁽⁸⁾

- > **25%** of farmers report their internet service has declined in the past year. ⁽⁸⁾
- > More than **50%** experienced weather-related outages. ⁽⁸⁾
- > Only **57%** mobile coverage, i.e. farmland ⁽⁸⁾

Rural people pay significantly more for connectivity than urban people do:

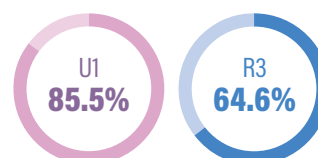


Rural people pay **40% more** for their 4G cellular plans than urban people ⁽⁹⁾

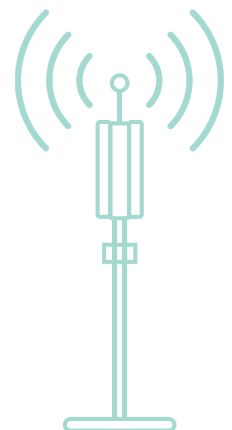
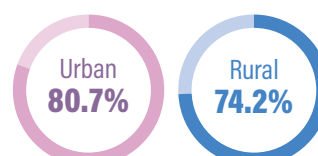
Rural people pay **29% more** for broadband plans than urban people ⁽⁹⁾

Rural broadband households are **less satisfied** with their service than urban ⁽⁹⁾

Access to a cellphone ⁽⁵⁾



Internet connectivity ⁽⁵⁾

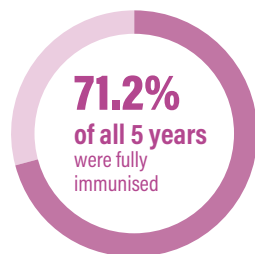


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Access to Health Services

Child Immunisation Rates

In the 12 months ending
30 September 2025: ⁽¹⁰⁾

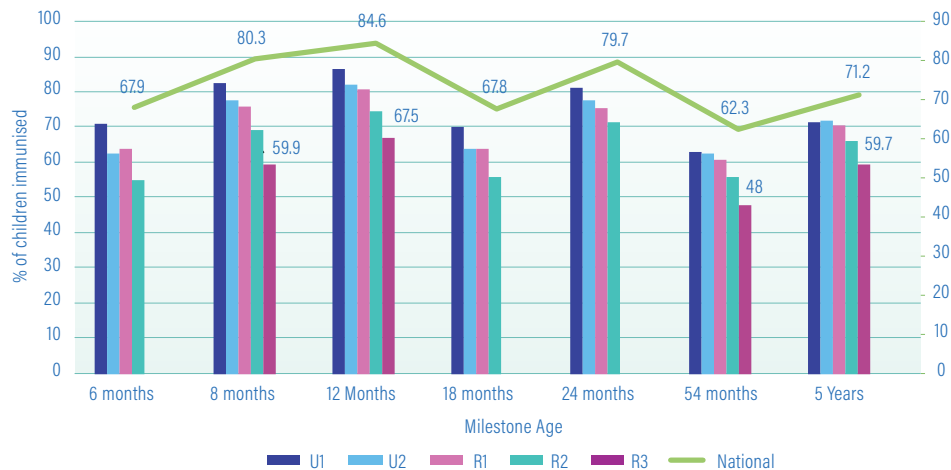


At all ages, immunisation rates for children living rurally were **below** the national rate. ⁽¹⁰⁾

At 5 years old, the immunisation rates for children living in R3, was **11.5% lower** than the national rate. ⁽¹⁰⁾

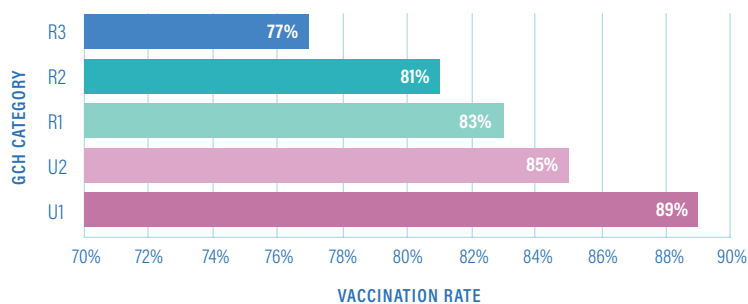
Childhood Immunisation Rates by GCH Area, and at all Milestone Ages⁽¹⁰⁾

Oct 24 - Sept 25



COVID 19 Vaccination Rates

COVID19 Vaccination Rates - All ages, all ethnicity ⁽¹¹⁾



U1
89%

R3
77%

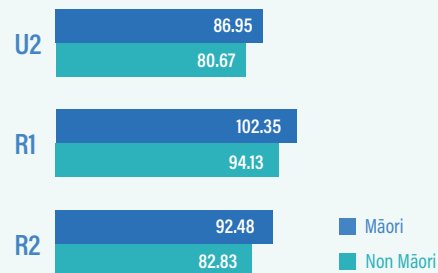
Overall rural vaccination rates lagged behind urban rates, with the widest gaps seen in those aged 12 - 44 years. ⁽¹¹⁾
There is a clear gradient of lower vaccination rates with increasing rurality.

Wait Times



People living in rural areas waited **8.5 days longer** for general surgery care, than urban people waited. ⁽¹²⁾

Wait Times for General Surgery in Taranaki ⁽¹²⁾
(Mean wait days)



Rural people are less likely to have seen a GP in the last year compared to those in large cities – about **4% less likely** for adults and about **20% less likely** for children ⁽¹³⁾



Compared to those living in large cities rural adults are almost **1.4 times more likely** to attended an ED in the last year ⁽¹³⁾



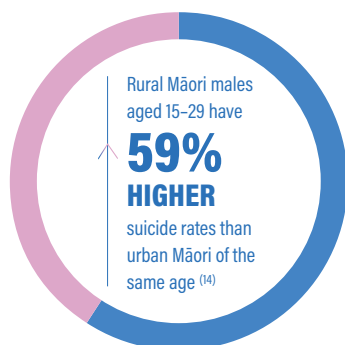
Rural adults are **1.4 times more likely** to have had a tooth extracted in the last year than those in large cities but are about **10% less likely** to have had a routine check up with a dentist ⁽¹³⁾



People living in large cities are about **1.6 times more likely** to access a mental health professional in the last year than those in rural areas ⁽¹³⁾

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Suicide



Rural men (both Māori and non Māori) have markedly higher suicide rates than their urban peers: ⁽¹⁴⁾

Māori men living in rural areas are about **50% more likely** to die by suicide than Māori men living in cities. ⁽¹⁴⁾

Non Māori men living in rural areas are about **35% more likely** to die by suicide than non Māori men living in cities. ⁽¹⁴⁾

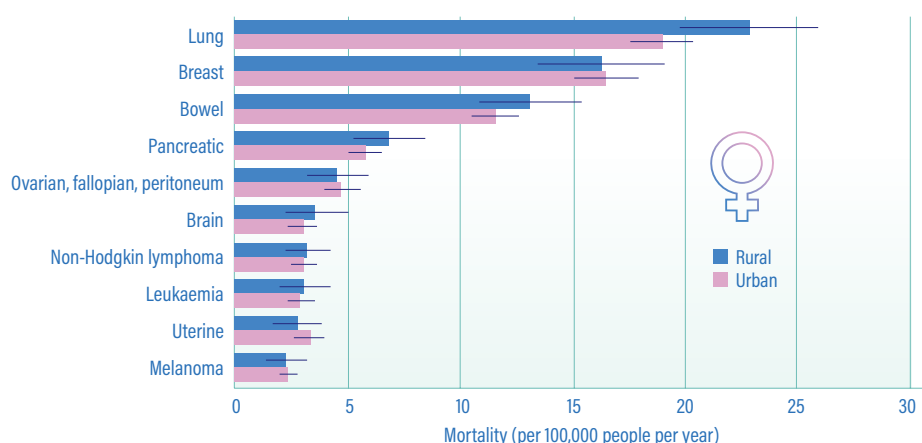


Rural Māori women aged 15–29 have more than **four times** the suicide rate of rural non Māori women. ⁽¹⁴⁾

Cancer

Highest mortality cancers in rural populations

The highest mortality rates in rural areas
FEMALE



Te Aho o Te Kahu State of Cancer In Aotearoa NZ 2025, report shows that:



Lung cancer has the highest mortality for both males and females living in rural NZ ⁽¹⁵⁾

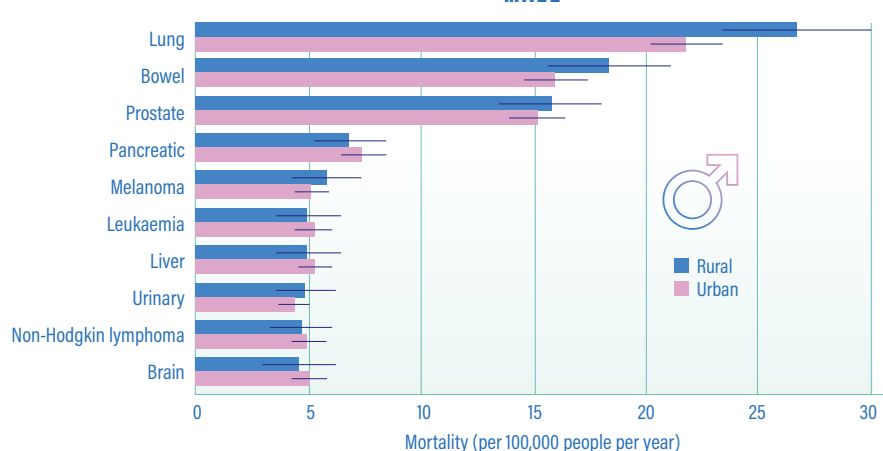


Bowel cancer has a higher rate of mortality for both males and females living in rural NZ ⁽¹⁵⁾



Melanoma cancer in males, both in urban and rural regions, has twice the mortality rate of females ⁽¹⁵⁾

The highest mortality rates in rural areas
MALE



Demographic differences between those living in urban compared to rural areas, and the challenges rural communities face in accessing health and treatment services are suggested as causes for these differences.

Smoking rates are **1.6 times higher**

in rural areas than they are in large cities ⁽¹³⁾



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) ⁽¹⁹⁾



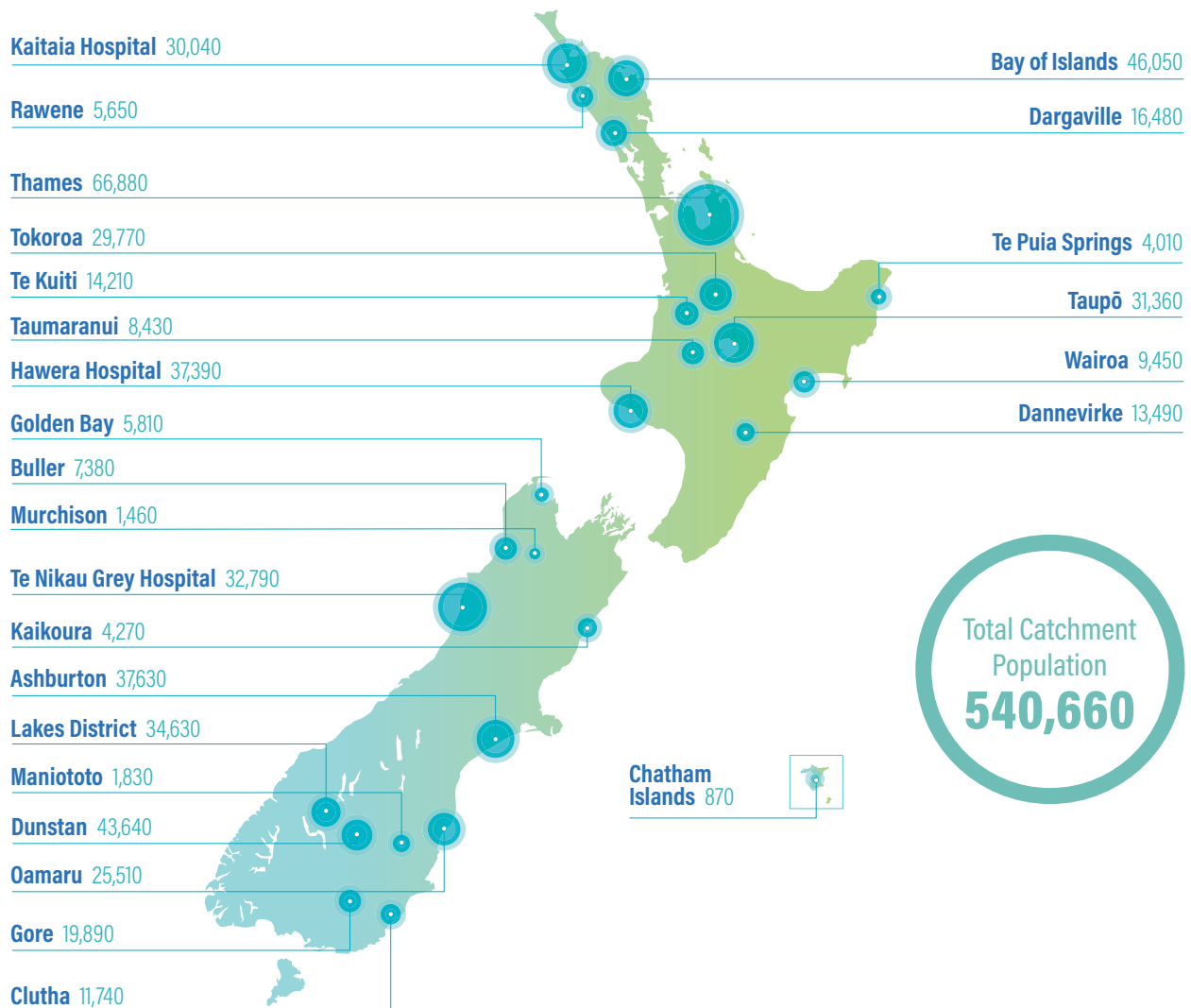
Non-Māori aged 30 to 44 years in more rural areas (R2 and R3) are **1.8 times as likely to die from a preventable cause** compared to Non-Māori in large cities. ⁽¹⁹⁾

Mortality (all ethnicities) averaged across 2016–2020. Standardised to 2001 WHO male and female populations.

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Rural Hospitals

Indicative catchment populations of 26 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.⁽¹⁶⁾

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.⁽¹⁶⁾

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.⁽¹⁶⁾

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.⁽¹⁶⁾

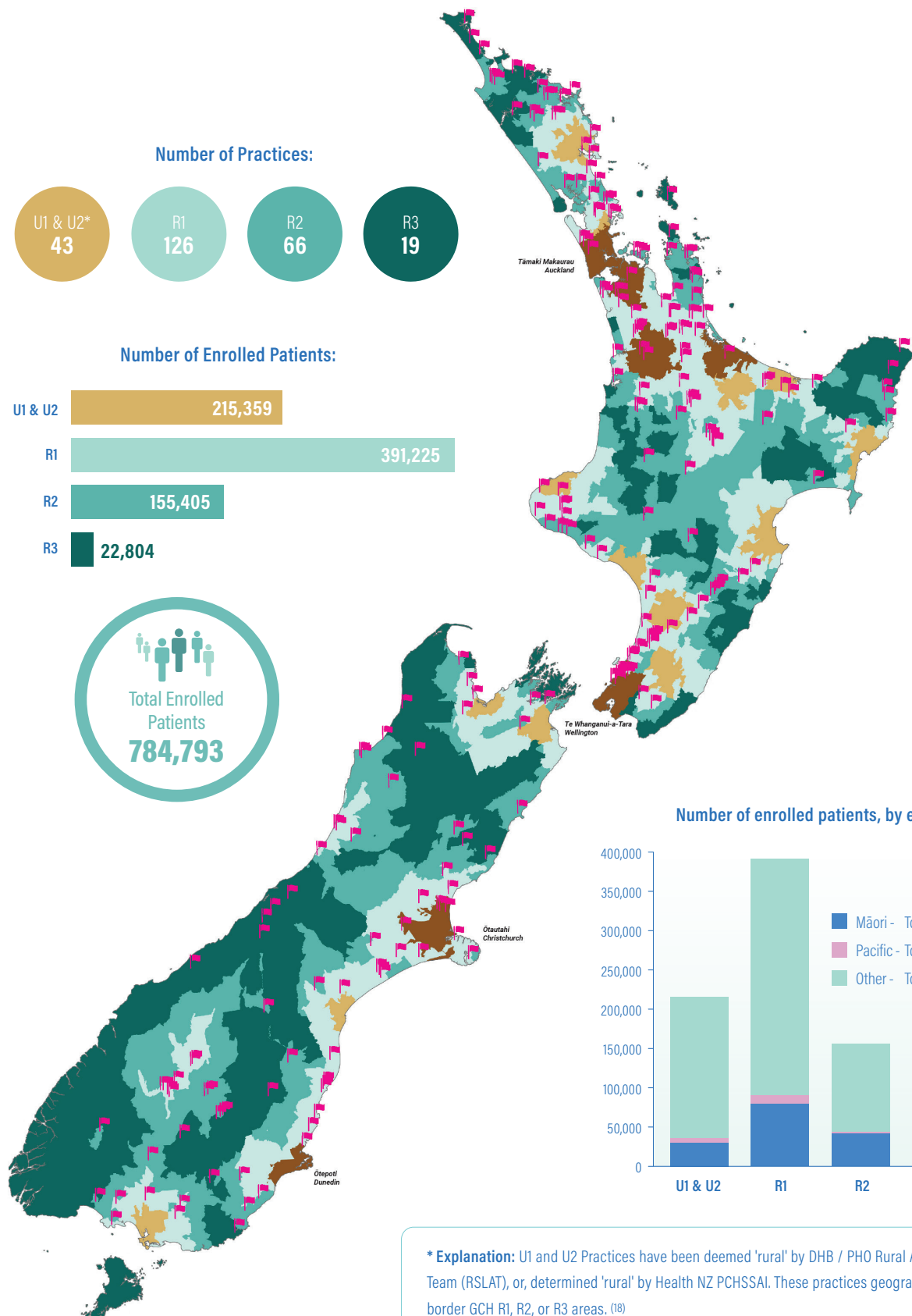
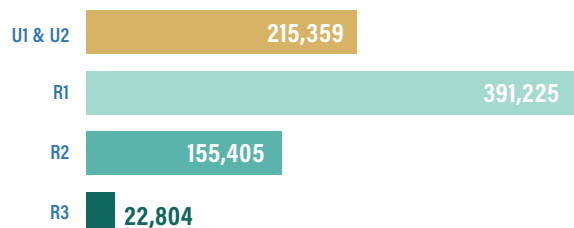
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Rural General Practices

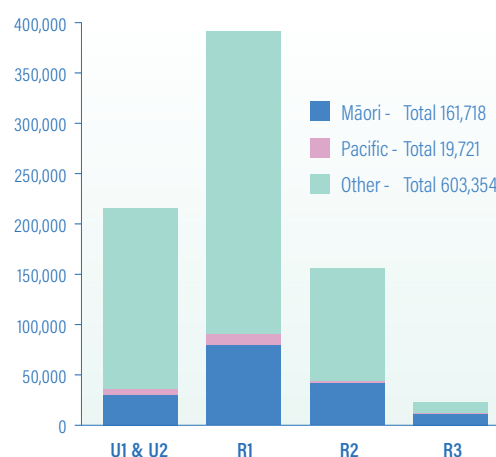
Number of Practices:



Number of Enrolled Patients:



Number of enrolled patients, by ethnicity:



*** Explanation:** U1 and U2 Practices have been deemed 'rural' by DHB / PHO Rural Alliance Team (RSLAT), or, determined 'rural' by Health NZ PCHSSAI. These practices geographically border GCH R1, R2, or R3 areas. ⁽¹⁸⁾

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