2026 election priorities for a healthier future

PIE Commentary 2026-11[1]

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Assuming New Zealand Superannuation (NZS), the universal age pension, continues to provide a stable, secure income[3] to those aged 65+, a first election priority is greater focus toward a fair society where people can age without ageism. The World Health Organization defines 'ageism' as stereotyping, prejudice, and discrimination against people on the basis of their age: "Age is often used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations".[4] Ageism is widespread and has harmful effects on the health of older adults, for whom it is an everyday challenge. Ageism minimises and overlooks the substantial contributions made by older people to their families and whanau, society and the economy, and the potential for the silver economy to transform economic wellbeing. Older people are overlooked for employment, restricted from social services, stereotyped in the media, marginalised and excluded in their communities.

Ageism is everywhere, yet it is the most socially "normalized" of any prejudice and unlike racism or sexism, it is neither widely acknowledged nor countered. In addition to national and local engagement, increased local government funding is required for the implementation of age-friendly policies, including accessible and safe parks, open spaces and public venues and event centres. Walkability and clarity of wayfinding remains variable within and between cities, yet age-friendly places and policies are good for everyone.

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[1] PIE invited commentaries from our Research Associates on issues topical to this year's budget and to inform election debates. This series of Commentaries may or may not be the consensus view of the PIE hub.
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[3] Currently accessible from age 65, there is much 'noise' around NZS as the 2026 general election approaches.
[4] See https://www.who.int/health-topics/ageism#tab=tab_1.

A second priority is a specific 'senior housing' policy: affordable, accessible, 'universal design', and an easy walk to transport and shops. Currently around 20% of New Zealanders aged 65 and over (more than 100,000 older people) live in rented accommodation, with a significant majority renting in the private (high cost) market rather than in social housing.[5] Research by the Retirement Commission predicts that by 2048, over 600,000 New Zealanders aged 65 and older will be renting in the private sector, yet many landlords have only limited experience of older tenants and their needs, and only 15% of landlords have made or considered making modifications to their properties to address the needs of older tenants.[6] The government needs to acknowledge and address the dire financial reality of many older people especially those in private rentals: if they can't afford food, they can't maintain their health.[7]

A follow-up priority is improvement of public transport in rural areas so older people can stay in their homes, and rural communities can continue to function.

A fourth priority is a means-tested dental supplement for all age groups, and adequate dental and oral training facilities. Affordable, accessible oral care is vital for quality of life. Despite publicly funded basic care up to age 18, New Zealand faces a severe crisis in child oral health. Tooth decay remains the most prevalent chronic childhood disease in the country, driven by dietary factors and access issues.[8] Over 5,500 children, some as young as 18 months,[9] are on waitlists for dental surgery, with more than half waiting longer than the recommended 120 days, leading to prolonged pain and infections.[10]

For older people, especially those in aged residential care (ARC), access to dental care is a vital part of overall health.[11] Yet surprisingly, the Ministry of Health's Age Related Residential Care Agreement between district health boards and rest homes and hospitals effectively excludes access to oral and dental care as it is not publicly funded.[12] Consequently, unless the resident or their family is able to both afford and access treatment, dental problems are neglected. The only oral health survey conducted with older people receiving health and social services showed that over 60% had urgent need for dental care.[13] Poor oral health is associated with malnutrition, and there is growing international evidence about links between periodontal disease and cardiovascular disease, diabetes and other chronic illnesses.[14] Neglect of older people's oral health imposes other, higher health costs.

More generally, recent submissions to Parliament's Health Select Committee make it clear that a crisis looms for the aged care sector in New Zealand, centred on the funding and staffing of ARC and in-home care and support services.[15] Both ARC and Home and Community Support Services (HCSS) are underfunded, making it financially difficult for operators to invest capital or build new facilities, and both are strained by staff shortages and wage disparities with the public hospital sector.[16] A further cause for deep concern is greater barriers to accessing care faced by Māori, Pacific, and Asian older adults compared to European New Zealanders. A sea change in cultural competence is needed

[5] See StatsNZ Housing in Aotearoa New Zealand: 2025.
[6] See Retirement Commission, Landlords and older tenants in the private rental sector.
[7] See Pension Commentary 2026-9 Changes needed to housing subsidies
[8] See Oral health of children and young people in Aotearoa 2023 - University of Otago.
[9] See Children waiting months for surgery.
[10] See NZH Thousands of children waiting months for dental surgery.
[11] See PensionBriefing 2013-3, Oral health, general health, and residential aged-care.
[12] See Ministry of Health's Age Related Residential Care Agreement
[13] See Oral Health Survey, 2009.
[14] See Oral health: A window to your overall health.
[15] See PIE Commentary 2024-7: Looming Crisis in Aged Care.
[16] See Rethinking aged care in New Zealand - Sapere.

for all cultural groups in New Zealand, most urgently to honour commitment to Ti Tiriti o Waitangi.

A fifth election priority is ensuring the affordability and accessibility of 'standard beds' in ARC. In ARC in New Zealand, 'standard beds' refers to the baseline, publicly funded single beds covered by the Age-Related Residential Care Agreement.[17] A government subsidy assists with the cost of care if the asset test is met: single people needing care must have assets below $291,825, and a couple with only one person needing care must have assets below $291,825, or below $159,810 plus their home and car. When the asset test is met, the government redirects that person's NZS to ARC (except about $57 a week allowance) and tops up the difference between NZS and the cost of care.[18]

While private care facilities provide this care, they must meet strict Health New Zealand requirements for safety and comfort.[19] Requirements include, as well as accommodation, including furniture, fittings, fixtures, bedding and utensils: personal care and assistance; adequate, nutritious meals and snacks; a clean, warm, safe, well-maintained, comfortable environment; cleaning and laundry services; an accessible outdoor area; and communal aids and equipment for general mobility.

In addition, the facility must provide standard rooms and services that meet individual needs as identified in the interRAI[20] assessment, and these must attract no premium fees or additional charges, and cost no more than the amount of the Maximum Contribution. This is the government-set price limit, which is Gazetted, and changes each year. It varies according to location of the facility and is determined each year during funding negotiations between health funders (Health New Zealand Te Whatu Ora) and ARC providers. For example, the 2025-26 Maximum Contribution rate for Auckland City is $1,571.57, and for Far North District it is $1,460.27.[21] The additional cost for a Premium room (such as adjoining a garden) can be anything from $10 to $100 per day. The major concern is that government underfunding of the sector has resulted in a dire and growing shortage of standard rooms.[22]

A sixth priority is that all political parties need to agree to honour the Aged Care Review, so the continuing on/off wrangling is ended. The Aged Care Funding Review,[23] reporting in 2026, will outline plans for sustainable aged care for Aotearoa. Such plans are likely to include novel ways to incentivise step down care in ARC, enabling a way for older people to access rehabilitation before returning to home. Upskilling the staff and increasing allied health will be needed. Other enhanced discharge processes will be needed to ensure the acute hospital is not just a "revolving door", the cycle of repeated hospital readmissions due to insufficient post-hospital support and a shortage of aged care beds.[24] Along with integrating the care home support with community support, a continuum of care that is flexible could provide better support for frail older people and their families and whanau.

The 4% funding uplift worth approximately $79 million to aged residential care providers for 2026/27, announced 17 June 2026, was welcomed. However, while the funding

[17] For those aged 65+ with little/no assets, NZS plus a government subsidy pays for their care, accommodation and services in a certified and contracted care home.
[18] See Confusion as families hit with extra rest home surcharges despite subsidies.
[19] See Eldernet.co.nz, what-is-a-standard-rest-homecare-home-room.
[20] See What is interrail?
[21] See MoH Gazette Notice Maximum Contribution Applying in Each Region From 1 July 2025.
[22] See **New Zealand must rethink how it pays for aged care.**
[23] See Aged care funding and services model review.
[24] See https://www.rnz.co.nz/news/health/569671/older-patients-stuck-in-hospitals-due-to-limited-aged-care-spaces.

includes a 2.66% base increase, it also requires targeted investment to improve service delivery, strengthen responsiveness to demand, and enhance access to care: "A central part of this investment is supporting timely, clinically appropriate admissions into aged residential care, including over weekends where it is safe to do so."[25] This double-edged sword requires increasing staff numbers, including weekend staff, in order to comply, and does not acknowledge years of consistent underfunding.

Recent research[26] found that in 2018, New Zealand government expenditure on health, including for ACC cover, was of 6.6% GDP, dropping from 7.4% in 2009. Over the same period, across 16 comparable countries, rather than shrinking, public health spending rose from 7.5% to 7.7%. The calculations show about 10% of underinvestment in the health system for ten years, and the increase in health expenditure in the 2020s (even with COVID costs factored out), has not filled this hole. This explains the widespread staff shortages, the difficulty accessing GP services and the longer waiting times for specialist and hospital services. The researchers note that: "The $5.5 billion of increased health funding announced in Budget 2026 (over four years) won't do anything to mitigate the damage from the 2010s."

Health costs will continue to increase with the growing population, technological developments (including new diagnostic tools and pharmaceuticals), health worker costs rising as New Zealand competes with other countries for trained staff, the ageing population, and increasing numbers of people with long-term conditions such as type 2 diabetes and dementia.[27]

Unfortunately, spending significantly more on health is no guarantee of better health outcomes or value for money. All political parties need to agree on the way forward, and the money must be spent wisely and well. The needs are urgent.

[25] See Funding boost for aged residential care sector.
[26] See How New Zealand fell behind on health spending.
[27] Ibid.