

30 March 2026

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Hayden

By email: fyi-request-33884-33ceb3b2@requests.fyi.org.nz

Ref: H2026080055

Tēnā koe Hayden

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) which was transferred from Health New Zealand – Te Whatu Ora to the Ministry of Health – Manatū Hauora (the Ministry) on 13 March 2026. Responses to each part of your request are provided below.

1. The Ministry's most recent estimate of the total annual health system cost of diet-related illness in New Zealand, including cardiovascular disease, type 2 diabetes, obesity-related conditions, and malnutrition.

The Ministry commissioned a report by the New Zealand Institute of Economic Research (NZIER) in 2022 which reviewed and collated the latest evidence on the cost of long-term conditions. The report includes (where available) estimates of the cost of modifiable risk factors, like poor nutrition. This is publicly available here: www.health.govt.nz/publications/the-cost-of-long-term-conditions-in-new-zealand as such section 18(d) of the Act applies to this part of your request.

2. Any analysis of the relationship between food affordability (as distinct from food choices) and diet-related health outcomes — specifically, whether the cost of nutritious food relative to household income affects dietary health outcomes.

The Ministry published a report on food insecurity in 2019 using results from the New Zealand Health Survey. The report looks at the link between food insecurity in children, dietary patterns and health outcomes. This is publicly available here: www.health.govt.nz/system/files/2019-04/household-food-insecurity-among-children-new-zealand-health-survey-summary-of-findings-jun19.pdf.

The Public Health Advisory Committee published the report 'Rebalancing our food system' in 2024, which takes a broad look at the impact of food insecurity and our current food system on health. This is publicly available here: www.health.govt.nz/publications/rebalancing-our-food-system.

The Ministry also drafted an evidence brief on food security in 2025. Please find this document attached to this letter as Document 1 and has been released to you in full.

3. Any analysis of the health impacts of the grocery duopoly's pricing structure — specifically, whether excess grocery margins contribute to reduced consumption of fresh fruit, vegetables, and other nutritious food among low-income households.

The Ministry has not undertaken or sighted any analyses on this topic. As such this part of your request is refused under section 18(g)(i) of the Act as the information requested is not held by the Ministry and there are no grounds for believing it is held by another agency subject to the Act.

4. Any assessment of the potential public health benefits of increased access to affordable, locally produced food — including through community food networks, food cooperatives, or local producer direct sales.

Please refer to the response to question 2 above.

5. Any cross-agency coordination between the Ministry of Health and the Ministry for Primary Industries regarding the health impacts of food regulation — specifically, whether the compliance costs imposed by the Food Act 2014 on micro-producers have been assessed for their indirect health impacts through reduced food access.

The Ministry works closely with the Ministry for Primary Industries to ensure the health impacts of food policy changes (including through the joint food regulation system with Australia) are taken into consideration. However, we are not aware of any analysis or cross-agency correspondence related to the specific topic mentioned above.

6. Any cross-agency coordination between the Ministry of Health and Treasury regarding the health system costs attributable to food affordability — specifically, whether health costs are modelled as a consequence of grocery pricing and food access.

The Ministry is not aware of any analysis or cross-agency correspondence with The Treasury on this topic.

7. I note that Health New Zealand confirmed in writing (OIA response dated December 2025) that it does not model whether economic policy is driving mental health demand and does not coordinate with Treasury or RBNZ on economic determinants of health. I am now establishing whether the same gap exists specifically for food policy: does anyone in government model the health system cost of food being unaffordable, and does anyone assess whether food regulation itself contributes to that unaffordability?

Responsibility for food policy, food affordability and food insecurity sit across multiple government agencies. The Ministry has an interest in the impact of food insecurity on nutrition and health outcomes and has undertaken research (referred to above) to understand this impact.

The Ministry for Social Development also has an interest in addressing food insecurity and its impact on wider social outcomes. You may wish to contact their agency for further information here: OIA_Requests@msd.govt.nz.

The Ministry of Regulation is currently undertaking a Hospitality Sector Review and a Product Labelling Review, which will include a review of food regulation. You may wish to contact their agency for further information here: hello@regulation.govt.nz.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Dr Andrew Old
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui

FOOD SECURITY AND HEALTH

Last updated September 2025

Food security: having reliable access to sufficient safe and nutritious food in a way that is culturally acceptable.¹

Food insecurity: when a person, family or community lacks regular access to enough safe, nutritious food to support their health and development.¹

Food/kai sovereignty: autonomy and protection of ancestral food systems, cultural knowledge, practices, and ceremonies associated with food production, distribution, and consumption.²

Food is one of the most important contributors to our health and wellbeing. It can physically nourish us, and connect us to our culture, our environment, and our communities. Accessing affordable, healthy, and culturally acceptable food is becoming increasingly difficult in Aotearoa New Zealand.

Rising costs of food, housing and fuel are putting pressure on household budgets, requiring families to make difficult decisions about how they feed their families. Between 2019 and 2023, average weekly household expenditure increased by 18.4 percent, with weekly food expenditure increasing by 28.1%.³



More nutritious, whole foods – especially fruit and vegetables, meat, poultry,

fish, and dairy - have seen a large increase in prices, while energy dense, nutrient poor foods – such as highly processed snack foods and takeaways - have seen smaller price increases and remain relatively affordable.⁴

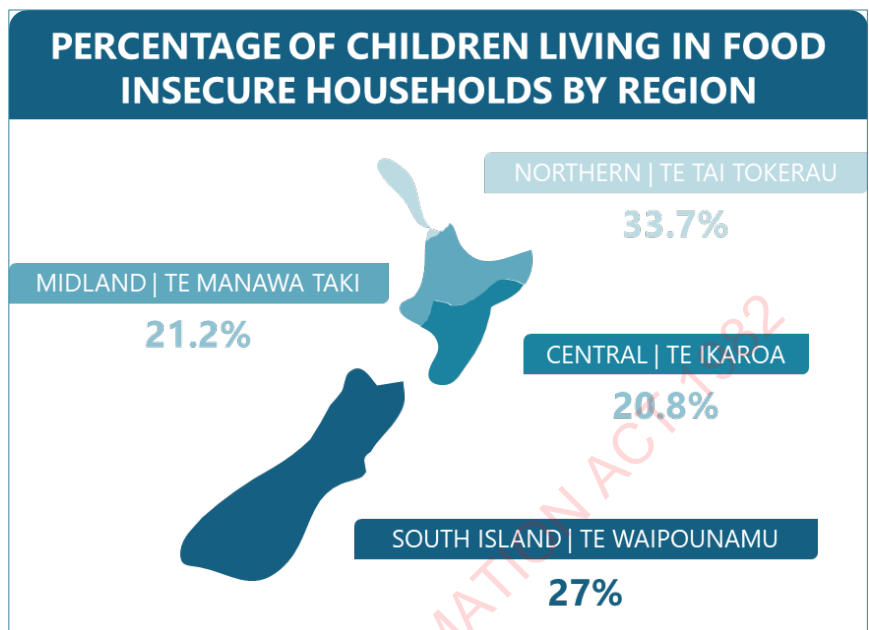
Food Price Index categorised using the WHO Europe nutrient profile model data (Consumer Price Index, StatsNZ)

The prevalence of moderate to severe food insecurity has been steadily rising since 2014. In 2021-2023, 16.4% of New Zealanders were food insecure compared with 10% in 2014-16.⁵

Over a quarter of children aged 0-14 years live in households where food runs out either often or sometimes (27% in 2023/24). Food insecurity

disproportionately affects Pacific (54.8%) and Māori (34.3%) children, disabled children (41%), and children living in the most deprived neighbourhoods (46.9%).⁶

One in eight children (12.1%) live in households that reported using a food grant or food bank sometimes in the past year. Pacific (23.5%) and Māori (19.7%) children were over twice as likely to live in households that used a food grant or food bank in the last year.⁶



The impact of food insecurity on health

Children who experience food insecurity have lower fruit and vegetable intakes, diets higher in fat and sugar, and are at increased risk of obesity.^{7,8,9,10} New Zealand children aged 5-14 years living in food insecure households are twice as likely to be obese and 22-25% less likely to eat three portions of vegetables per day compared with children living in food secure households.⁷

Childhood food insecurity increases the risk of behavioural, developmental, and mental health challenges, including anxiety, depression, hyperactivity and conduct disorder. Food insecurity has been linked to adverse child development through multiple mechanisms, including decreased quantity of food (including nutrient deficiencies), compromised food quality, and heightened (child and parental) stress and anxiety associated with obtaining food.^{7,8,9,11}

Food insecurity in childhood has also been associated with higher odds of smoking, drinking, drug use, bullying victimisation, disordered eating patterns and suicidal ideation in adolescents.^{10,12} However, these findings should be interpreted with caution as they represent associations, not causal relationships. Food insecurity often co-occurs

with other risk factors, particularly those associated with other aspects of poverty and material hardship.⁷

Food insecurity in adults increases the risk of diet-related chronic conditions, including obesity and diabetes.^{7,8} Experience of food insecurity impacts mental health, parenting practices and social dynamics.^{7,8,11} Psychological distress, depression, anxiety, and disordered eating patterns (e.g. binge eating and bulimia) have consistently been found to be elevated among adults who have experienced food insecurity.^{11,13}

Almost one in five caregivers in food-insecure households (18.2%) experience psychological distress, compared with 5.9% in food-secure households.⁷

Food insecurity also contributes to broader social outcomes, which are in themselves determinants of health, including chronic school absence, poor education attainment, low income, and participation in crime.^{14,15} This highlights the importance of addressing food security at individual and societal levels to break this persistent cycle of intergenerational disadvantage.

ADVERSE HEALTH OUTCOMES ASSOCIATED WITH FOOD INSECURITY

CHILDREN



	Poor diet quality		Anxiety and depression
	Nutritional deficiencies		Smoking, drinking and drug use
	Obesity		Bullying victimisation
	Behavioural challenges		Suicidal ideation
	Developmental delays		School absence
	Poor educational attainment		

ADULTS



	Obesity		Parenting stress
	Diabetes		Post-natal depression
	Depression & anxiety		Low income
	Eating disorders		Participation in crime

The health systems role in strengthening food security

Partnerships

Support cross-sector partnerships with agencies working across the food system.

e.g. Cross-Agency Food Systems Group, Kai Rotorua, Healthy Auckland Together, Food Secure North Canterbury

Cross-Sector Action

Provide health input into programmes and policies to address food insecurity

e.g. Food Secure Communities (MSD), Ka Ora Ka Ako (MoE), HiAP - Health Impact Assessments

Research & Evaluation

Monitor and strengthen the evidence base on food insecurity and its impact on communities, health outcomes and inequities

e.g. NZ Health Survey, nutrition surveys, HMAc monitoring reports, community insights

Community Action

Support local initiatives to strengthen community food security and food/kai sovereignty

e.g. Toi Tangata – Kai Ora, Wellington Fruit and Vege Co-op, Healthy Families NZ - Kai Sovereignty Theory of Change

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