Implementing healthy food environment policies in New Zealand: Nine years of inaction.

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Abstract

**Background:** The INFORMAS Healthy Food Environment Policy Index (Food-EPI) was developed to evaluate the degree of implementation of widely recommended food environment policies by national governments against international best practice, and has been applied in New Zealand in 2014, 2017 and 2020. This paper outlines the 2020 Food-EPI process and compares policy implementation and recommendations with the 2014 and 2017 Food-EPI.

**Methods:** In March-April 2020, a national panel of over 50 public health experts participated in Food-EPI. Experts rated the extent of implementation of 47 ‘good practice’ policy and infrastructure support indicators compared to international best practice, using an extensive evidence document verified by government officials. Experts then proposed and prioritised concrete actions needed to address the critical implementation gaps identified. Progress on policy implementation and recommendations made over the three Food-EPIs was compared.

**Results:** In 2020, 60% of the indicators were rated as having ‘low’ or ‘very little if any’ implementation compared to international benchmarks; less progress than 2017 (47%) and similar to 2014 (61%). Of the nine priority actions proposed in 2014, there was only noticeable action on one (Health Star Ratings). The majority of actions were therefore proposed again in 2017 and 2020. In 2020 the proposed actions were broader, reflecting the need for multi-sectoral action to improve the food environment, and the need for a mandatory approach in all policy areas.

**Conclusions:** There has been little to no progress in the past three terms of government (nine years) on the implementation of policies and infrastructure support for healthy food environments, with implementation overall regressing between 2017 and 2020. The proposed
actions in 2020 have reflected a growing movement to locate nutrition within the wider context of planetary health and with recognition of the social determinants of health and nutrition, resulting in recommendations that will require the involvement of many Government entities to overcome the existing policy inertia. The increase in food insecurity due to Covid-19 lockdowns may provide the impetus to stimulate action on food polices.

**Keywords**

Food environments, government policy, nutrition, accountability, INFORMAS, obesity prevention

**Background**

New Zealand’s food environments are characterised by highly accessible and heavily promoted energy-dense, often nutrient-poor, food and drinks, that contain high levels of salt, saturated fats and sugars [1,2]. Food environments are major drivers of unhealthy diets and energy overconsumption [3–5]. Collectively, unhealthy diets are the greatest contributors to the preventable health burden in New Zealand. High body mass index (BMI) contributes 8.3% and other dietary risks (such as high salt intake, low fruit and vegetable intake) contributes 8.6% of disability adjusted life years (DALYs) lost [6]. This is greater than the estimated 9.7% of health loss from tobacco use [6,7].

New Zealand adults have the third highest rate of obesity [8], and children the second highest prevalence of obesity [9] within OECD and EU countries. In 2018/2019, 31% of adults had obesity, up from 27% in 2006/07, and one in nine children aged 2–14 years (11%) had obesity [10]. Adult and child obesity rates were higher for Māori and Pacific and for those living in areas of high deprivation [10].
Effective government policies and actions across settings are essential to increase the healthiness of food environments and to reduce obesity, diet-related non-communicable diseases (NCDs), and their related inequities [11]. Internationally, some governments have demonstrated leadership and taken action to improve the healthiness of food environments. These can serve as best practice exemplars or benchmarks for other countries. Despite wide recognition of obesity and diet-related NCDs as a major public health issue internationally, the New Zealand government has been slow to improve food environments. This is in part due to the pressure of the food industry on governments [12,13] and other factors, such as the challenges of providing robust evidence in emerging policy areas and the competition for resources between prevention efforts and health services delivery [14,15]. Non-cohesive, diverse requests from public health advocates to address unhealthy food environments are unhelpful [15] and so an agreed prioritisation of policy demands serves as an effective tool when lobbying for change.

The International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS) [3] developed a tool and process, The Healthy Food Environment Policy Index (Food-EPI) [16], to assess the level of implementation of government policies and infrastructure support compared to international best practice for improving food environments and population diets. The Food-EPI tool and process have been through several phases of development, pilot tested in NZ in 2014 [17,18], and since implemented (or in progress) in 40 low, middle and high income countries. New Zealand is the first country to implement the tool three times, aligned to political electoral cycles in order to stimulate debate.

This paper presents the results of the third Food-EPI study in New Zealand and compares the government’s progress on policy and infrastructure support for healthy food environments in
2020 with 2017 and 2014. We also compare the priority actions recommended by experts in 2020 compared with priorities in 2017 and 2014.

**Methods**

The Food-EPI comprises a ‘policy’ component with seven domains on specific aspects of food environments and an ‘infrastructure support’ component with six domains to strengthen obesity and NCD prevention systems. Good practice indicators contained in these domains encompass policies and infrastructure support necessary to improve the healthiness of food environments and to help prevent obesity and diet-related NCDs. The overview and principles of the development of the methods has been previously described [3] and is summarised in Additional File 1. Food-EPI indicators are consistent with proposed international policy options [19–21]. Food-EPI aims to create a common understanding between public health experts to advocate governments on the priorities for policy action.

A mixed methods design was used to obtain the ratings of the level of implementation of good practice policies and infrastructure support, and to identify and prioritise actions to fill implementation gaps.

**Expert panel**

A wide range of public health experts (academics, researchers and practitioners) and public health non-governmental organisations (including medical associations, professional bodies and service providers) were invited to take part in the Food EPI as part of an Expert Panel. These included participants from the 2014 and 2017 Expert Panels. Government experts (e.g., from different Ministries, the Health Promotion Agency and District Health Boards) were also invited to participate. All participants on the Expert Panel provided informed consent before taking part in the appraisal. Government experts, acting as observers, were present to
provide clarification or additional information but did not participate in the ranking of actions. This was also the case in 2017, but Government experts were not part of the Expert Panel in 2014.

**International best practice exemplars (benchmarks)**

Benchmarks were selected for each of the good practice indicators from the World Cancer Research Funding NOURISHING framework [21] and obtained from international food policy experts. Some examples of benchmark policies are the front-of-pack warning labelling system in Chile, the regulatory norms defining limits for foods high in certain nutrients in Chile, the UK sugar industry levy on sugar sweetened beverages, the inclusion of a cultural, ethical and environmental perspectives in the Brazilian dietary guidelines and the nutrient profiling system used to prevent unhealthy food products carrying health claims in Australia and New Zealand. The full list of benchmarks is available in Additional File 2.

**Evidence compilation and verification**

For each Food-EPI (2014, 2017, 2020) an evidence document outlining the current extent of implementation of all 47 good practice policy and infrastructure support indicators (43 in 2014) across 13 domains was compiled, as outlined previously [17], for the Expert Panel to carry out their assessment [22]. Information was compiled from policy documents, websites and budgets retrieved from websites and through Official Information Act requests and personal communication with government officials. The evidence was comprehensively documented and returned to government officials to verify its completeness and accuracy.

**Rating implementation progress**

The Expert Panel rated the level of implementation in New Zealand against each good practice indicator using the evidence document for reference. This was conducted in February and March 2020 using an anonymous online survey (Qualtrics) ahead of the workshop. Each
expert gave a rating for each indicator on a Likert scale of 1 to 5. A rating of 1 meant the Expert Panel member believed the New Zealand government had implemented the indicator between 0 and 20% compared to international best practice and a rating of 5 meant the indicator had been rated between 80 and 100% compared to best practice. These were compared to the results of the 2017 and 2014 Food-EPI assessments. The 2017 rating occurred using an online survey in April and May, while in 2014, two workshops were convened to obtain ratings. This process was changed after 2014 after receiving evaluative feedback from the 2014 Expert Panel and learning from other Food EPI processes that had taken place internationally.

**Action and prioritisation workshops**

At the workshops, the Expert Panel met to collectively identify the actions required and prioritise these according to their importance and achievability. In 2020, the implementation of the workshops was affected by Covid-19 restrictions on travel and social distancing. One face-to-face workshop was held in Auckland (19 March), and one online workshop was held via Zoom (8 April) to replace the planned face-to-face workshops in Wellington and the South Island. At the face-to-face workshop, participants decided if an action was required for an indicator, then reviewed the 2017 action and decided whether to keep the 2017 action, revise it, or develop a new action. Due to restrictions on the time of public health experts during the Covid-19 pandemic, the actions developed at the Auckland face-to-face workshop were presented to participants in the online workshop. Participants discussed the high priority actions verbally or via the chat feature and revised the action or developed a new action. The action was displayed in the chat feature and a vote was taken to assess if the majority of experts were in favour.

During the workshops, the proposed actions were identified as higher or lower priority.

Following the workshops, the higher-priority actions were ranked by participants from both
workshops using an online survey (Qualtrics) sent to all Expert Panel members a week after the online workshop. Participants were asked to separately prioritise the importance and achievability of each action, for policies and infrastructure support separately. Importance was defined as the relative need, impact, effects on equity, and any other positive and negative effects of the action. Achievability was defined as the relative feasibility, acceptability, affordability, and efficiency of the action. Participants were asked to consider ‘acceptability to government’ as pertaining to New Zealand governments in general, not the government of the day.

The results of the 2017 and 2014 Food-EPIs have previously been reported [17,23].

Data analysis

The mean rating for each indicator was used to determine an overall percentage level of implementation. These ratings were then categorised into ‘High’, ‘Medium’, ‘Low’, or ‘Very little, if any’ levels of implementation based on the following cut-points: >75% = High; 51 to 75% = Medium; 26 to 50% = Low; ≤25% = Very little, if any.

For the prioritisation of actions, graphs were created to plot importance against achievability. In general, actions rated highest for both importance and achievability were selected as top priorities. A bar graph was created to compare the level of implementation of the indicators between 2014, 2017 and 2020. The content of the actions prioritised by the Expert Panel was compared between 2014, 2017 and 2020.

Results

Expert Panel

Participation in the 2020 Expert Panel was lower than previous years due to the Covid-19 pandemic, with 27 participants completing the online rating. Ten participants attended the
face-to-face workshop. The videoconference workshop was attended by twenty-five independent participants and four government observers. Thirty-one of the 35 workshop participants (independent experts) completed the online ranking of actions (89% response rate). A total of 39 actions were proposed, 22 as higher priority (and subsequently ranked by experts) and 17 as lower priority. Some actions covered more than one indicator, such as the proposed action to develop a long-term, multi-sectoral National Food Systems and Nutrition Strategy.

**Ratings and progress**

Figure 1 presents the level of implementation as rated by the Expert Panel over the three time points. In 2020, three-fifths (59.5%) of all the indicators were rated as having ‘low’ or ‘very little, if any’ implementation compared with international benchmarks (49.0% in 2017 and 60.5% in 2014). In 2020, 15% of indicators were rated as high implementation which was similar to 2014 and 2017 (14%, 15%). In 2020, two-thirds (69.5%) of the policy indicators and half (50%) of the infrastructure indicators and were rated as ‘low’ or ‘very little, if any’ implementation. This was similar to 2014 (75% policy, 48% infrastructure) and to 2017 for policy (70%) but different for infrastructure in 2017 which had dipped to a low of 29% of indicators ranked as low’ or ‘very little, if any’ implementation.

Between 2014 and 2020 for the 43 indicators available for each time period, twenty-six indicators (60%) received the same implementation ranking over all three time periods, eleven indicators had an increase in level of implementation and six indicators had a lower rate, with almost all of the progress occurring between 2014 and 2017.

New Zealand has rated consistently well against international best practice for six indictors as indicated in Figure 1. Two related to food labelling indicators in the policy section and four related to different infrastructure support indicators: transparency in the development of food
policies; public access to nutrition information; regular monitoring of NCD risk factors and health related inequalities.

There were twenty indicators for which New Zealand rated consistently poorly against international best practice (low, very little, if any implementation). Most of these were policy indicators (14, 70%) including: implementing restrictions on unhealthy food marketing to children; healthy food policies in schools; fiscal policies to support healthy food choices; limiting the density of unhealthy food outlets; food composition targets/standards in out of home settings; and ensuring that trade and investment agreements do not negatively affect population nutrition and health. The six infrastructure indicators were related to leadership, evaluation of major programmes, funding for population nutrition promotion and assessing public impacts of food and non-food policies.

The indicators where implementation levels have improved over the period 2012 to 2020 were related to the introduction in 2017 of the Advertising Standards Authority (ASA) self-regulatory code restricting marketing of unhealthy food and beverages to children; the Health Star Rating front-of-pack labelling programme in 2014; the introduction of the Healthy Food and Drink Policy in 2016 for District Health Boards and government agencies; and the introduction of the Childhood Obesity Action Plan in 2015. However, the ASA self-regulatory system has been evaluated as ineffective [24] and the Childhood Obesity Action Plan has not been widely implemented.

The indicators where implementation regressed since 2017 were: the regular monitoring of adult and childhood nutrition status and population intakes; food composition targets for out-of-home meals; restricting commercial influences on policy development (this regressed as the Government strengthened engagement platforms with industry, for example industry
pledges as part of the Healthy Kids Industry Pledge); and formalising a platform for civil society participation in improving food environments.

Figure 1: Level of implementation of food environment policies and infrastructure support by the New Zealand Government

Actions and Priorities

In 2020, of the 39 actions proposed during the workshops (Additional File 2), 8 policy actions and 14 infrastructure support actions were considered high priority. Some actions covered more than one indicator. The Expert Panel prioritised thirteen for immediate action (Figure 2) in terms of feasibility and achievability.

Figure 2: Recommendations from the Expert Panel prioritised for immediate action to improve food environments in 2020

The prioritised actions were compared across 2020 and the previous years (reported in previous publications [17,23] (Table 1). Some of the actions were almost identical over the three time periods: restricting marketing to children; food composition targets for sodium and added sugar; and a sugary drinks levy. The action to ensure that food provided in or sold by schools and early childhood education services meets dietary guidelines had a similar theme across years with the addition of the need for a food policy in 2020.

Table 1: Prioritised Recommendations of Expert Panels from 2014, 2017 and 2020 to improve the food environment

A few actions proposed by the Expert Panels changed over time, mostly due to some implementation of the original proposed action. An action plan/strategy was recommended at each Food-EPI, starting with an obesity and NCD prevention plan in 2014. The introduction of a Childhood Obesity Plan in 2015 was reflected in the 2017 recommendation to strengthen
this plan. However, this plan was effectively ignored by the next Government. The 2020 action was instead multisectoral in nature, recommending a Food Systems and Nutrition Strategy. The Government entities with a role in food policy were identified (Table 2). An action related to the Health Star Rating labelling system was prioritised each year. In 2014, this was to implement the Health Star Rating, which occurred in 2014, so in 2017 the action was related to improving the algorithm and mandatory implementation. A review of the Health Star Rating algorithm took place in 2019 so the 2020 action was related to making the Health Star Rating mandatory and implementing the review recommendations.

Table 2: Description of Government entities with a role in food policy

Two new actions were introduced in 2017 and one in 2020. In 2017 and 2020 the Expert Panel recommended actions to implement the Eating and Activity Guidelines introduced in 2015, and to conduct a national nutrition survey (2017, a children’s nutrition survey; 2020 a children’s and adult nutrition survey). In 2020, the Expert Panel introduced the importance of ensuring that households have sufficient income as a high priority action, and an action on conflict of interest procedures when consulting with the food industry.

Some actions were proposed but not prioritised in all years, despite the action not being implemented. In 2014 and 2017, actions related to setting targets to reduce childhood obesity and population intakes of salt, sugar and saturated fat were prioritised, but were not considered priority actions in 2020. Increased funding for population nutrition promotion was recognised as an action for each year, but only prioritised for 2014 and 2017.

Discussion

The 2020 Food-EPI study has assessed the New Zealand government’s progress toward international best practice in improving food environments and implementing obesity and
diet-related NCD prevention policies, and compared this with earlier similar assessments in 2017 and 2014 finding little or regressed progress over this time period.

**Implementation**

The results indicate that overall, almost no progress has been made since the last Food-EPI assessments in 2017 and 2014, and New Zealand has not increased its performance compared with international best practice. For those indicators that had changed since the 2017 assessment, the majority had decreased in levels of implementation (six) with only one area rated as having progressed since 2017.

There was some improvement in the level of implementation due to the introduction of some policies and interventions however experts recommended further actions as implementation has not been sufficient to improve food environments and population diet.

**Actions**

Reflecting on the changes (or lack of change) over time, the actions proposed in 2014 continued to be high priority in 2017 and 2020. The only action which has seen progress over time is the Health Star Rating front-of-pack labelling with a five-year review and changes to the algorithm [25] and even with this, a mandatory programme has not been implemented as recommended by experts.

Compared to earlier years, the 2020 actions have reflected a growing movement to locate nutrition within the wider context of planetary health with recognition of the social determinants of health and nutrition, resulting in higher level actions proposed that will require the involvement of many Government entities. Connecting obesity with climate change and food security will aid progress for all [26]. The Expert Panel in 2020 was adamant that there needs to be clear leadership and the development of a multi-sectoral National Food Systems and Nutrition Strategy guided by a Scientific Committee. This
recommendation echoes calls from other experts [27] and groups, such as the Food Systems Dialogues [28], Child Poverty Action Group [29] and Eat NZ [30], for an overarching strategy, prompted by the UK Government announcing the establishment of a National Food Strategy in 2020 [31].

The experts expressed concern about the extent of food insecurity in the country and widening health inequities, prioritising the policy action of ensuring households receive an adequate income to enable autonomy to make healthy food choices. One in five children live in households experiencing moderate to severe food insecurity [32] and concern about this issue heightened during the Covid-19 crisis [33]. The Child Poverty Reduction Act 2018 [34] requires monitoring of some of the underlying determinants of health but for substantial change to occur the Welfare Expert Advisory Group’s recommendations require implementation [35]. The disruption of food environments [36], increase in food insecurity due to Covid-19 lockdowns [37] and shift towards an unhealthy dietary pattern [38] may provide the impetus to stimulate action on food policies.

Of continued and growing concern among the Food-EPI Expert Panel, along with other organisations [39,40], was the need for another national nutrition survey. Major policy decisions are being made in the absence of evidence about the nutrition status and food consumption patterns of the population. The Covid-19 crisis illustrated the importance of using epidemiological evidence as a foundation for a public health response; this equally applies to the chronic crisis of obesity and unhealthy diets.

The Expert Panel called for a mandatory approach to be adopted in all policy areas prioritised in 2020, as current voluntary approaches have proven to be ineffective for marketing of unhealthy food to children, Health Star Ratings labelling, healthy food policies in schools and early learning services. Voluntary policies are not enforceable and therefore not implemented
or adhered to [41]. Strong government policy is essential to achieve an equitable and sustainable food system [42]. For example, only 23% of products displayed a Health Star Rating in 2019 [43] and the School-FERST study found that only 38.5% of primary schools and 44.8% of secondary schools had a healthy food policy with most assessed to be low in strength and comprehensiveness [44].

**Implications**

Despite providing the Government with direction on the recommended actions to remedy areas where New Zealand’s performance is falling short through previous Food-EPI, minimal progress has been made. In the years contributing to the 2014 and 2017 Food-EPI assessments, New Zealand was governed by a centre-right minority government, who were replaced in 2017 by a centre-left coalition government. Expectations that a more left-leaning government would implement policies to improve food environments were not met. Driving this policy inertia are three main factors: inadequate political leadership and governance to enact policies; strong opposition to such policies by powerful commercial interests; and a lack of public demand for policy action [45]. While Food-EPI has stimulated little progress in New Zealand, without independent Expert Panels measuring the Governments performance and comparing it over time, there would be little evidence to base calls for policy change and to measure the degree of policy inertia. Progress on recommended actions has occurred in other countries where Food-EPI was undertaken, such as the Australian Government’s agreement to the development of a national strategy on obesity [46], a sugar levy introduced in the United Kingdom [47,48] and legislation in Mexico for front-of-pack warning labels [49,50].

Food-EPI assessed national-level policies and infrastructure action but future assessments could include local government and District Health Boards as they too play a significant role by implementing unique food environment policies at the local level of jurisdiction, such as
zoning laws for marketing or incentives to food outlets selling healthier foods. In Canada ‘Local Food-EPI’ have been successfully conducted in three municipal jurisdictions [51–53]. A separate study has benchmarked the commitments of the major food companies in New Zealand related to population nutrition and obesity prevention [54].

The Food-EPI Expert Panel represents a wide range of organisations from academic, public health units, government policy-makers, non-government organisations and professional organisations. A particular strength of the study is that the evidence document is verified by government officials to ensure it is correct and up-to-date. Food-EPI has now been completed three times in New Zealand and completed (or in progress) in 40 countries globally and is therefore a tested and accepted tool for monitoring government progress on improving food environments.

A limitation of the 2020 Food-EPI was that it coincided with the Covid-19 pandemic which meant many public health experts had limited, if any, time to participate. Despite this, the participating experts were fully engaged and made a valuable contribution. Two changes made to the workshop proved beneficial and are recommended for future Food-EPI. First, having the option of a video teleconference enabled more experts to participate. Second, shifting the prioritisation of selected actions to an online survey after the workshops allowed time for reflection and was completed by almost all workshop participants. The Food-EPI tool does not directly capture wider policy action that may address the underlying determinants of health, such as sufficient income to enable healthy food choices, as this is broader than the indicators in the food prices domain which related to food subsidies and taxes rather than income.
**Conclusions**

There has been virtually no progress in New Zealand over the past decade on the implementation of policies and infrastructure support for healthy food environments, with an overall regression seen between 2017 and 2020. While there are some areas where New Zealand is at the level of best practice, almost two-thirds of the Food-EPI indicators show major implementation gaps still to be addressed. The majority of actions proposed by the Expert Panel in 2014 were again proposed in 2017 and 2020 due to no progress. However, in 2020 the actions recommended were broader, reflecting a growing movement to locate nutrition within the wider context of planetary health and with recognition of the social determinants of health and nutrition. The higher-level actions proposed in 2020 will require the involvement of many Government entities. It is important that Food-EPI continues to be conducted every three years to monitor government progress and provide a consensus view from public health experts on the most important actions required to prevent obesity and improve diets.

**List of abbreviations**

- **Food-EPI**: Healthy Food Environment Policy Index
- **NZ**: New Zealand
- **WHO**: World Health Organization
- **NCD**: Non-communicable disease
Declarations

Ethics approval and consent to participate

The 2014, 2017 and 2020 studies were approved by the University of Auckland Human Participants Ethics Committee (references 9326, 018605, 023852 respectively). All Expert Panellist participants provided written consent prior to the workshop after reading an information sheet.

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

SM, SV and BS designed the study. SM, FS and SG collected the data. SM, FS and BS analysed the data. SM wrote the manuscript with major contributions by all authors. All authors read and approved the final manuscript.
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Additional Files

Additional File 1: Healthy Food Environment Policy Index (Food-EPI)

Additional File 2: Recommended actions for the New Zealand government: Policy actions targeting food environments

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Table 2: Description of Government entities with a role in food policy

| Government departments       | Descriptions                                                                                                                                 |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Ministry of Health           | Main policy-making department on diet-related health; nutrition-related health inequalities, planning and funding public health and monitoring the performance of District Health Boards. |
| Ministry for Primary Industries | Main policy making department for New Zealand's primary industries, including food. Functions include providing national direction on ensuring the food produced is safe, enabling international market access for New Zealand’s primary products, and representing the interests of the New Zealand primary sector in international trade policy and standard-setting forums. |
| Ministry of Foreign Affairs and Trade | Main policy-making department on international food trade, overseas aid (including food aid), overseas agriculture, and the Sustainable Development Goals. |
| Health Promotion Agency     | Main communications agency to promote health, including healthy diets.                                                                         |
| Ministry for the Environment | Main policy-making department on environmental policy and provides national direction on urban (e.g. food density zoning laws) and rural planning (e.g. land use consents) through National Policy Statements and National Environment Standards. Also focuses on climate change, fresh water, marine, land, waste, soil, air, water, sea quality. |
| Ministry of Business, Innovation and Employment | Main policy-making department managing food and beverage industry investment, consumer protection, immigration (including migrant workers for food supply chain), business, industrial strategy, employment, energy, science, research and innovation (all with food relevance). |
| Food Standards Australia New Zealand | Develops and administers joint Australia and New Zealand food standards; explains food issues e.g., labelling, additives, chemicals; consults with the community about food safety issues; helps food businesses understand the Food Standards Code. |
| Ministry of Education | Main policy-making department on education, skills and curriculum, with role as food educator and food provider. |
| Office of the Prime Minister’s Chief Science Advisor | Provides strategic advice across sectors and serves as an accessible conduit between the science community and government. |
| Local Government | Ensures public services are responsive to the social, economic, environmental and cultural well-being needs of their communities with a particular role in zoning law, district or regional planning and community food supply initiatives for example. |
| District Health Boards | A role to improve, promote and protect the health of people and communities, including planning and delivering services in their area. |
| The Treasury | Overall control of government spending. |
| Department of Prime Minister and Cabinet | Overall policy oversight and coordination. Contains the Child Wellbeing and Poverty Reduction Group. |
| Te Puni Kokiri - Ministry of Māori Development | Input into major food policies as they relate to Māori. |
| Ministry for Pacific Peoples | Input into major food policies as they relate to Pacific People. |
| Ministry of Social Development | Main policy-making department on welfare and pensions, supporting people and whānau in food poverty. |

**Supporting Government Entities**

| Health Research Council of New Zealand | Sets priorities for research and funds research including on food and nutrition. |
| Broadcasting Standards Authority | Decides complaints about broadcasters; publish and research broadcasting standards. |
| Sport NZ | Oversees sports sponsorship. |
| Commerce Commission | Enforce laws that promote competition and protect consumers in New Zealand. |
| National Ethics Advisory Committee | Provides ethical advice on issues of national significance in respect of health and disability, including characteristics of a fair food system delivering nutritional outcomes. |
| Organization                          | Description                                                                 |
|--------------------------------------|-----------------------------------------------------------------------------|
| Crown Research Institutes             | AgResearch: pastoral, agri-food and agri-technology sector.                  |
|                                      | Plant and Food Research: horticultural, arable, seafood and food and beverage industries. |
|                                      | Institute of Environmental Science Research: safeguard people's health, protect the food-based economy, improve the safety of water resources. |
| Health and Disability Commissioner    | Works with clinicians, providers and consumers to improve health services including dietary advice and interventions. |
| The Office of the Children’s Commissioner | Advocates for the interests of young people, ensuring the voices of children are heard in policy making. |
| Ministry for Culture and Heritage     | Funds Broadcasting Standards Authority, NZ on Air and Sport NZ.              |
| Ministry of Transport                 | Main policy-making department on transport, with role in supporting infrastructure for food distribution and public transport (including for food workers and customers). |
| Department of Corrections             | Main department with role as food provider to prisons.                      |
| Department of Internal Affairs        | Conduit for Local and Central Government.                                   |
| State Services Commission             | Sets standards for public servants and policy making, including the management of conflicts of interest for food policies. |
| New Zealand Customs Service           | Provides border control and protects the community from potential risks related to food arising from international trade and travel, as well as collecting duties and taxes on imports to the country. |
| Ministry of Housing and Urban Development | Main policy-making department on housing, built environment and urban development. |