

Improving population diets through improving the food environment can have important effects on population health. Poor diet and obesity cause [cardiovascular disease, diabetes and multiple cancers](#), although the latter impacts in the longer term. Globally 11 million deaths were attributable to dietary risk factors within one year (2017). High intake of sodium, low intake of whole grains and low intake of fruits were the leading dietary risk factors for these [deaths](#). Locally, Māori and Pacific people experience higher exposure to diet related disease such as [cardiovascular disease and diabetes](#) compared to New Zealanders of European descent.

Policies that support people to improve their diets and to lose weight can improve people's risk factor profile quickly. This can reduce their risk of heart disease, stroke and diabetes, which will decrease the pressure on the health system in the medium term. The majority of nutrition policy implemented in high income countries focus on [behaviour change communication](#). However, modifications to the food environment can support widespread improvements to diets, with less individual effort.

Reducing the cost of healthy food

Food prices are determinants of [food choices](#), and consequently non-communicable disease (NCD) and [inequities](#). The affordability of groceries in Aotearoa has become a big issue for [whānau](#) and undoubtedly impacts on their ability to choose healthy food. To reduce NCD, the WHO recommends subsidising healthy foods and beverages.** In Aotearoa this could mean removing GST from core foods (an [Australian policy](#)), which has been estimated to reduce dietary cost by [13%](#) or \$28.70 a week for an average [family of four](#). Or government could provide specific subsidies on healthy food for beneficiaries and people on low incomes. Comprehensive scientific evidence has shown that [taxation on sugar-sweetened beverages](#)** reduces the purchasing of these high energy, low nutrient drinks. Unfortunately, New Zealand is behind the rest of the world in considering this policy. Perhaps decreasing the cost of healthy food will be more politically appealing.

Reformulation of processed food

Reformulating the food supply can improve the nutrient content of [population diets](#), again without the onus of these improvements being placed on individuals. The nutrient content of processed food should be regulated through a reformulation policy such as the reformulation programmes implemented in the UK and [Australia](#) which aim to reduce the sodium, saturated fat and sugar content of specific processed foods.** This would be an expansion on the voluntary HeartSAFE Programme in NZ that focuses on sodium content of processed foods and has the potential to decrease sodium intake by 20% if [universally applied](#). The above reformulation programmes are all voluntary and this approach is relatively common internationally, but a mandatory reformulation policy is likely to be much more [effective](#).

Increasing the availability of healthy food

Multiple policies will need to be implemented to increase the availability of healthy food in Aotearoa, such as the following examples. Aotearoa could expand the Ministry of Health '[National Healthy Food and Drink Policy](#)' to all government and council owned or run venues or [all workplaces](#).** Zoning laws to control the availability of both healthy and unhealthy foods could be applied with a focus on improving access to healthy food in more [deprived areas](#).

Policies need to be mandatory, and monitored, to make an impact. Removing GST off healthy food and introducing mandatory reformulation targets are quick acting solutions that can improve diets of all New Zealanders. Long-term, we know that quick solutions need to be part of a multi-sectoral National Food Systems and Nutrition Strategy to improve sustainability, food sovereignty, health and equity. This strategy should cover the life course including regulation to ensure [healthy foods in schools](#) and policies that promote long term nutrition and health alongside the policies proposed here.

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** recommended in the WHO Global NCD action plan 2013 - 2030 ([draft updated Appendix 3](#))

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