



Evaluation drives mandatory healthy food policy for hospital staff and visitors

12 August 2025

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Summary

Since 2016, public hospitals and healthcare organisations in Aotearoa New Zealand have been encouraged to follow the voluntary National Healthy Food and Drink Policy, which aims to promote healthier food environments for staff and visitors (not in-patients). A 2021/22 co-designed evaluation found that fewer than half the District Health Boards (now Health Districts) had formally adopted the Policy and none fully met its nutrition standards. While some positive changes were observed over time, implementation across regions was inconsistent, under-resourced, and largely ineffective. However, broad support for the Policy exists among healthcare staff, visitors, and food providers.

Following the evaluation, an updated third edition of the National Food and Drink Policy has been published in June 2025 as a mandatory, nationwide standard for the public health sector. It is in the early stages of implementation. Successful adoption will require adequate resourcing, regular monitoring, and approaches that make use of new and cost-effective technologies.

This Briefing describes how co-designed evaluation can drive meaningful policy change, as seen in the recent adoption of Aotearoa New Zealand's (NZ) first mandatory public sector food policy. However, translating policy into practice requires more than just evidence or mandate – it calls for sustained commitment, ongoing monitoring, and the necessary infrastructure and investment to support long-term change.

In 2016, NZ introduced a voluntary National Healthy Food and Drink Policy,¹ aiming to offer healthier options for staff and visitors in public healthcare food retail settings (in-patient meals are covered by a different set of guidelines). The Policy uses a traffic-light classification system for foods: 'green' for everyday healthy choices (eg fruit, wholegrain sandwiches), 'amber' for moderately nutritious items (eg small-sized bakery items), and 'red' for unhealthy options (eg sugary drinks, deep-fried foods). A second edition of the Policy was released in 2019 with minor revisions.² However, the Policy remained voluntary, with no strategy or dedicated resourcing for implementation, and no plan to monitor adoption and adherence over time.

Evaluating the Policy: The HYPE study

In 2020, we began the \$1.5 million HealthY Policy Evaluation (HYPE) study, funded by the Healthier Lives National Science Challenge.³ The study aimed to assess Policy uptake, the healthiness of food and drinks on offer, impacts on staff, visitors and food providers, and identify resources needed for effective implementation. We co-designed the evaluation with members of the National Food & Drink Environments Network, a group of nutrition, dietetic, food service, and public health representatives from Health Districts, along with the Ministry of Health. The Network authored the first and second editions of the Policy and supported its implementation across NZ.

This collaborative approach led to the development of a digital audit tool for assessing on-

site food availability,⁴ a suite of survey and interview instruments, and on-the-ground support from the Network members to carry out research activities. Together, these measures made data collection efficient and consistent across different institutions, from large city hospitals to smaller regional facilities, and types of retail food environments.

HYPE study findings

In 2021, only eight (of 20) health districts and Manatū Hauora (the Ministry of Health) had formally adopted the Policy.⁵ None consistently met the policy standard of at least 55% green, less than 45% amber, and no red food/drink items.⁶ On average, 22% of items across all sites were green, and amber and red items made up 39% each of foods and drinks on offer.⁶ Implementation varied significantly between regions and hospitals. Over time (2017-2021), some improvements took place,⁷ but overall compliance remained insufficient.

Surveys of over 2,500 healthcare staff and 250 visitors revealed support for the Policy, with potential benefits of the Policy likely particularly for Māori, Pacific, and shift staff, who often rely more on hospital food environments.⁸ Food providers and Network members interviewed also supported the Policy. However, barriers highlighted were the voluntary nature of the Policy, the lack of targeted implementation resources, competition from unhealthy food outlets near hospitals, and a lack of contractual requirements for adherence.⁹

Policy shift and national mandate

Throughout the HYPE study, evaluation results were regularly shared with the Network, and feedback and questions were welcomed. This continuous collaboration likely supported the eventual decision to adopt a mandated and updated Policy, alongside the 2022 Health Reform,¹⁰ which created an opportunity for consistent Policy application nationwide.

In 2023, Te Whatu Ora's Executive Leadership endorsed a shift to a single mandatory Policy and commissioned a Policy update (undertaken by a working group which included a HYPE study member). After extensive revision, multiple iterations, and interest-holder consultations, the third edition of the National Food and Drink Policy was published in June 2025,¹¹ along with [supporting paper-based resources](#). Updating the Policy took significant staff time and expertise. Now, with the National Public Health Service leading early implementation, ongoing resourcing is essential to reach the goal of full compliance by mid-2026.

Looking ahead: implementation and innovation

While mandating the policy is a major milestone, successful implementation requires more than a mandate. It needs dedicated resources, skilled implementation staff, and regular monitoring.^{12,13} Te Whatu Ora has now invested in the Healthy Kai (Food) Checker tool,¹⁴ a web-based database of packaged products classified using policy criteria, which was developed during the HYPE study.

The Network has also highlighted the need for dedicated staff time, regular updates of

resources, and efficient monitoring and evaluation approaches. The costs associated with a national evaluation are, however, substantial. The HYPE study had a budget of \$1.5M, a level of funding unlikely to be available on a regular basis. Emerging technologies, such as AI, machine learning and advanced data management systems, developed in partnership with health sector partners, offer promising solutions. Such innovations could help monitor policy adherence, identify implementation gaps, and guide future improvements.

A benchmark for future public health policies

Making the National Food and Drink Policy mandatory is a big step towards healthier food environments in Aotearoa New Zealand's hospitals. It also sets an example for other public institutions and health areas. To make the most of this opportunity, the policy will need sustained funding, strong collaboration with food providers and implementation partners, and efficient, low-cost ways to track progress.

What this Briefing adds

- A national evaluation found that a voluntary Healthy Food and Drink Policy did not effectively improve the nutritional quality of food and drink for sale in NZ's hospitals and health sector.
- Key barriers included its voluntary nature, limited implementation support, and complex nutrition criteria.
- Based on these findings, Te Whatu Ora made the National Food and Drink Policy mandatory and is in the early stages of implementing this policy.

Implications for policy and practice

- Systemic evaluations are useful to identify barriers with implementing policy changes and can support stronger institutional support.
- Maximising the impact of the policy will require ongoing interest-holder engagement, practical implementation tools, and regular evaluation using innovative approaches.
- Contractual requirements for food providers operating in organisations that adopt the policy and dedicated policy funding to support implementation and monitor progress are also important.

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Competing interests

Dr Magda Rosin is, and Professor Cliona Ni Mhurchu was, a member of the National Food & Drink Environments Network. The Network had no role in the decision to publish or in the preparation of this communication.

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Public Health Expert Briefing (ISSN 2816-1203)

Source URL:

<https://www.phcc.org.nz/briefing/evaluation-drives-mandatory-healthy-food-policy-hospital-staff-and-visitors>