



AFFORDABILITY AND ACCESSIBILITY OF HEALTHY FOOD FOR CHILDREN POSITION STATEMENT

Healthy food supports a healthy heart and a healthy life. In doing so, it helps children/tamariki get the right start towards fulfilling their lifetime. It is a priority for the Heart Foundation to support healthier eating for children/tamariki and families/whānau.

However, healthier eating will be difficult to achieve when so many families in New Zealand struggle to afford and access the food their family needs. Statistics show that two-out-of-five households in New Zealand experience food poverty.¹ Food poverty occurs when people do not have assured access to affordable, acceptable and healthy food, usually because of insufficient income². For one-in-fourteen households, it is so severe they must rely on other people, grants or food banks to acquire the food they need.¹

Food poverty has increased since it was first measured in 1997. The Adult Nutrition Survey found reported rates of food poverty had increased from approximately one-out-of-five to two-out-of-five households between 1997 and 2008/09.¹

Food poverty forces compromises in food choice, and is associated with a lower intake of nutrients obtained from fruit, vegetables and dairy products, and a higher intake of fat.^{3 4} For people on a low income, food purchases are weighed against price and money available, and decisions boil down to quantity per unit price.⁵ The increased relative cost of healthy food often drives choices towards energy-dense but nutrient-poor food,^{6 7} as does convenience and taste.^{8 9}

The implications of food poverty for children are serious. It puts them at risk for a range of physical, behavioural and psychosocial outcomes. They are more likely to lack concentration at school, have strained family relationships, and miss school.^{10 11 12} There are links between food poverty and poor health, compromised immunity, low life satisfaction, violent behaviour, and frequent mental and physical symptoms in children.^{13 14 15}

Food poverty is a complex and multi-factorial issue.² Solutions and action are needed across multiple levels of society from government to industry to communities to families - in order to ensure that healthy food is affordable and accessible for everyone. Together, commitment to a range of actions can start to reduce and eliminate food poverty for our New Zealand tamariki.

GOAL

All children/tamariki in New Zealand can benefit from a healthy diet, ensuring a brighter future for the next generation of New Zealanders.

RECOMMENDATIONS

1. National and local government, non-government organisations and healthcare agencies, food industry, communities and families all take action to reduce and eliminate food poverty for children.
2. A whole of government strategy to reduce food poverty for children is implemented as part of a national food and nutrition plan for children.

REFERENCES

1. University of Otago and Ministry of Health. A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health, 2011.
2. Gorton D, Bullen CR, Ni Mhurchu C. Environmental influences on food security in high-income countries. *Nutrition Reviews* 2010;68(1):1-29.
3. Ministry of Health. NZ Food NZ Children: Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health, 2003.
4. Parnell WR, Wilson NC, Mann JI, Gray AR. Overview of food security status in New Zealand as a predictor of nutritional outcomes. *Proceedings of the Nutrition Society of New Zealand* 2005;2005(30).
5. Burns C, Cook K, Mavoia H. Role of expendable income and price in food choice by low income families. *Appetite* 2013;71:209-217.
6. Monsivais P, Aggarwal A, Drewnowski A. Following Federal Guidelines To Increase Nutrient Consumption May Lead To Higher Food Costs For Consumers. *Health Affairs*;30(8):1471-1477.
7. Monsivais P, Drewnowski A. Lower-Energy-Density Diets Are Associated with Higher Monetary Costs per Kilocalorie and Are Consumed by Women of Higher Socioeconomic Status. *Journal of the American Dietetic Association* 2009;109(5):814-822.
8. Popkin BM. Environmental influences on food choice, physical activity and energy balance. *Physiology & Behavior* 2005;86:603-613.
9. Glanz K, Basil M, Maibach E, Goldberg J, Snyder D. Why Americans eat what they do: Taste, nutrition, cost, convenience, and weight control concerns as influences on food consumption. *Journal of the American Dietetic Association* 1998;98(10):1118-1126.
10. Hamelin A-M, Habicht J-P, Beaudry M. Food Insecurity: Consequences for the Household and Broader Social Implications. *J. Nutr.* 1999;129(2):525-.
11. Anonymous. Position of the American Dietetic Association: Food insecurity and hunger in the United States. *Journal of the American Dietetic Association* 2006;106(3):446-458.
12. Cook JT. Clinical implications of household food security: definitions, monitoring, and policy. *Nutrition in Clinical Care* 2002;5(4):152-167.
13. Molcho M, Gabhainn SN, Kelly C, Friel S, Kelleher C. Food poverty and health among schoolchildren in Ireland: findings from the Health Behaviour in School-aged Children (HBSC) study. *Public Health Nutrition* 2007;10(4):364-370.
14. Food security and nutrition. IUHPE Conference; 2007; Canada. Available from: www.iuhpeconference.org/en/conference/abstract/view.php?
15. Fiese BH, Gundersen C, Koester B, Washington L. Household food insecurity: serious concerns for child development. *Social Policy Report* 2011;25(3).