



Food providers and public health professional's experiences with the adoption and implementation of the National Healthy Food and Drink Policy in New Zealand healthcare facilities

M. Rosin¹, S. Mackay¹ and C. Ni Mhurchu²

¹*School of Population Health, University of Auckland, Auckland, 1023, New Zealand*

²*National Institute for Health Innovation, University of Auckland, Auckland, 1023, New Zealand*

Publicly-funded healthcare facilities in Australia⁽¹⁾ and New Zealand⁽²⁾ have adopted healthy food and drink policies to enable staff and visitors to choose and consume healthier options. However, adopting such policies does not translate to their full implementation and compliance by food providers, who face barriers to providing healthier food and drinks⁽³⁾. As part of the wider Healthy Policy Evaluation (HYPE) study, we interviewed hospital food providers and public health dietitians/professionals to understand their experiences implementing the voluntary National Healthy Food and Drink Policy introduced in New Zealand in 2016. Semi-structured interviews focused on the awareness, understanding of, and attitudes towards the Policy; level of support received; perceived customer response; tools and resources needed to support implementation; and unintended or unforeseen consequences. All semi-structured interviews were transcribed verbatim, inductively coded with the assistance of QSR's NVivo software, and analysed using the reflexive thematic analysis method by Braun and Clarke⁽⁴⁾. Twelve participants from across New Zealand were interviewed. Time in their roles ranged from one to 14.5 years, and many were not in the position when the Policy was first adopted. There was a discrepancy in the awareness of the voluntary Policy. However, there was agreement that hospitals should be healthy eating role models for the wider community. Reflexive thematic analysis identified three themes relating to the implementation of the Policy in New Zealand: 1) complexities of operating food outlets under the Policy in hospitals; 2) adoption, implementation and monitoring of the Policy as a series of incoherent ad-hoc actions; and 3) the Policy as (currently) not achieving the desired impact. Participants recognised that the current food supply, presence of food outlets nearby hospitals serving unhealthy foods and culture of unhealthy eating, combined with the difficulty of changing people's eating habits, leaves doubts if the Policy and healthier options served in the healthcare facilities have any tangible positive impact on staff or visitors. Key suggestions to promote successful Policy implementation included adoption of a mandatory National Policy, funding of central government support for implementation (including supportive implementation tools), regular and systematic monitoring of food availability in each region, and frequent and ongoing communication with staff and visitors using positive messaging around healthy eating and non-health related benefits (e.g. sustainability) to increase their buy-in. Findings from stakeholder interviews and the remaining parts of the HYPE evaluation study are informing the update of the National Policy and associated supportive tools, and highlight the potential positive impact a comprehensive policy evaluation could have on improving policy implementation.

Keywords: hospitals; interviews; staff meals; nutrition

Ethics Declaration

Yes

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