SOLUTION SUMMARY:

PUT PREVENTION BACK AT THE HEART OF HEALTHCARE

MAKE
NEW ZEALAND
HEALTHY

Make New Zealand Healthy

Policy: Prevention At The Heart Of Healthcare

THE PROBLEM: No wonder patients and health care practitioners have been frustrated. New Zealand's health law and policy architecture does not explicitly recognise nutrition, diet, or nutrient sufficiency as foundational determinants of health. While the system has expanded clinical services and pharmaceutical management, the legislative and institutional framework guiding the Ministry of Health places limited emphasis on the biological role of nutrition in metabolic and neurological function. Frankly, nutrition has been left out in the cold – for decades.

The Pae Ora (Healthy Futures) Act 2022 does not expressly recognise nutrition or metabolic health as determinants requiring systematic attention, and the regulatory environment created by the Medicines Act 1981 has discouraged explicit discussion of nutrients in therapeutic contexts. New Zealand's micronutrient policies only focus on preventing deficiency.

There's no sign of change. Policy analyses associated with therapeutic products reform show limited engagement with nutrient biology or with the growing burden of multimorbidity, polypharmacy, and adverse drug reactions.

Official decisions suggest that nutrients are viewed from a toxicological perspective to be as equally risky as pharmaceutical drugs, which is incorrect.

Nutrition is core to biological health, yet the core policy architecture does not prioritise nutrition, raising questions about the regulatory fitness of a health system faced with rising metabolic disease.

New Zealand's illness burden arises from chronic metabolic and brain-related conditions, rather than from genetic or infectious disease. Medical training and treatment protocols leave doctors largely unable to view nutritional interventions as a legitimate treatment pathway.

Metabolic health is central to daily functioning and foundational to key indicators of national wellbeing, including self-rated health, life expectancy, population mortality, and maternal and post-natal outcomes, yet our systems downplay the drivers *and* downplay the multimorbid impact. Multiple chronic conditions: *multimorbidity* is more common than a single condition.

More medicines promptly prescribed, does not equate to improved quality of life. Yet doctors and clinicians are caught in a system where the health targets prioritise access to medical treatment and services, rather than addressing the upstream metabolic drivers of illness. Diabetes, for example, frequently coexists with cardiovascular disease, kidney disease, neuropathy, and other chronic conditions.

At its core diabetes functions less as a single disease than as a multimorbidity platform, generating sustained prescribing for cardiometabolic, renal, and neurological complications. Poor diets, insulin resistance and related cardiometabolic regulation also increase risk for a spectrum of mental illnesses.

OUR SOLUTION:

An integrative system empowering healthcare professionals to identify root causes of illness (multimorbidity) and optimise nutritional interventions for optimal health.

Make New Zealand Healthy Policy Recommendations

New Zealand is well positioned to lead internationally by integrating metabolic and nutritional approaches to mental and chronic disease reform. The country hosts globally recognised expertise in metabolic health, including Professors Grant Schofield and Caryn Zinn on dietary strategies for reversing elevated blood glucose and triglycerides, as well as pioneering research into nutritional approaches to mental health led by Julia Rucklidge at the University of Canterbury.

(A) METABOLIC HEALTH STRATEGY: SCREENING FOR UNWELL POPULATIONS

Upgrade and extend screening to improve metabolic health parameter screening to increase the capacity of doctors to identify metabolic and nutritional insufficiencies that are potentially correctable through diet, supplementation, or clinical management. This supports doctors to help patients detect common drivers of chronic conditions, improve patients' metabolic health and lower the prevalence and incidence of complex, chronic conditions, including brain related conditions.

(B) IMPLEMENT HEALTH COACHING FOR A NUTRITIONAL UPGRADE.

Integrate metabolic health coaching into primary care, mental health, and addiction services to reduce diabetes burden, improve mental wellbeing, and lower long-term system costs.

Prioritise Individuals diagnosed with prediabetes or type 2 diabetes, obesity with self-reported food addiction, or those receiving mental health and addiction services should be offered structured health coaching as part of routine care.

The purpose is to support stabilisation of blood glucose, promote healthier insulin signalling, improve diet quality, and reduce systemic inflammation through practical lifestyle and nutritional strategies.

Priority access should be given to groups at higher risk of poor outcomes, including people with treatment-resistant mental health conditions or severe medication side effects, pregnant women, Māori and Pasifika communities and populations

experiencing high deprivation, and young people under 25.

(C) MENTAL HEALTH: MULTINUTRIENT SUPPLEMENTATION - FIRST LINE INTERVENTION

Establish a first-line or early-stage intervention option for vulnerable populations, particularly where current treatments carry significant side-effect burdens or are poorly tolerated.

Potential priority populations could include children and adolescents with ADHD or mood dysregulation, pregnant women experiencing anxiety or depression, individuals with treatment-resistant mental health conditions, and patients who experience severe adverse effects from antidepressant medications. These groups often face limited treatment options and may benefit from interventions with comparatively low risk profiles.

(D) HELPING DOCTORS AND CLINICIANS

MNZH's broader reforms are designed to interact to better equip clinicians to:

- Detect metabolic risk, inflammation, and nutrient insufficiency earlier.
- Apply nutrition therapeutically at levels that support optimal health.
- Operate within a system informed by contemporary science.
- reduce administrative burden and improve patient engagement.