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By email: fyi-request-25085-ae31ee39@requests.fyi.org.nz
Ref: H2023033842

Tēnā koe

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health - Manatū Hauora (the Ministry) on 8 December 2023. We note that you made 4 similar requests on 8 December 2023, for information specifically held by individual directorates within the Ministry. The current request specified:

“This request is specifically directed to Deputy Director-General – Is Dean Rutherford, who is responsible for Evidence Research and Innovation and staff within this directorate.

Please do not transfer this request to any other department or Directorate.”

You requested:

1. *Budget for this team for the current and estimated next (2024/2025) financial year.*

The budget for the Evidence, Research and Innovation for the 2023/24 financial year is \$20.341 million. The 2024/25 budget has not been allocated or estimated.

2. *Income of the Deputy Director-General Strategy Policy and Legislation, and numbers of team members and the incomes of the senior leadership team.*

The requested information is provided in the tables below. Please note, we have interpreted this request to be for information pertaining to the Evidence, Research and Innovation directorate. Information regarding the System, Strategy and Policy directorate is provided under OIA reference: H2023033842.

Table 1. Deputy Director-General and Senior Leadership incomes

Position	Pay-band	Pay-band Midpoint
Deputy Director-General	24E	\$286,992
Chief Science Advisor	21G	\$175,627
Chief Health Economist	21G	\$175,627
Chief Advisor Horizon Scanning	21G	\$175,627
Group Manager – Evidence Research and Analytics	22G	\$216,144
Group Manager –Research Evaluation & Innovation	22G	\$216,144
Manager – Office of the Deputy Director-General	20G	\$157,408

Table 2. Deputy Director-General team members

Position	Direct Reports	Indirect Reports	Total
Deputy Director-General	7	71	77
Chief Science Advisor	9 (Includes 2 interns)	0	9
Chief Health Economist	4 (includes 1 intern)	0	4
Chief Advisor Horizon Scanning	0	0	0
Group Manager – Evidence Research and Analytics	6	32 (includes 4 interns)	38
Group Manager –Research Evaluation & Innovation	2	17	19
Manager – Office of the Deputy Director-General	1	0	1

3. *Terms of reference/expectations for this team and the name of the head of department that established the terms of reference/expectations.*

There are no “terms of reference/ expectations” for the Evidence, Research and Innovation directorate.

4. *Information held by or requested by this directorate including research/memos/advice/emails relating to:*

- a. *The prevalence of metabolic syndrome in New Zealand, a cluster of symptoms characterised by central obesity, dyslipidaemia, hypertension and insulin resistance.*
- b. *Current and predicted cost to the health system from metabolic syndrome which presents as multimorbidity (i.e. cost of multimorbidity for those diagnosed with metabolic syndrome).*
- c. *Metabolic syndrome and multimorbidity as a risk factor for viral and bacteriological infections.*
- d. *Metabolic syndrome as a risk factor for poor mental health.*
- e. *Socioeconomic status as a predictor for metabolic syndrome.*
- f. *Diet high in ultraprocessed food as a predictor for metabolic syndrome.*
- g. *Population level data relating to nutrient deficiency (which may include but is not limited to vitamins B,D,C and iron) by age and socio-economic status.*

6. *Information held by or requested by this directorate including research/memos/advice/emails for long-term strategy, setting direction and priority areas for investment which discusses ultraprocessed food and the consequent health-related cost to New Zealand (including cost/benefits based on life-stage: pregnancy/prenatal, infancy, childhood, youth, adulthood, elderly).*

- a. *Cost/benefit of reducing ultraprocessed food consumption to improve mental health and/or metabolic syndrome in terms of reduction of years of healthy life lost due to disability (YLDs) and years lost due to premature mortality (YLLs).*
- b. *Cost/benefit: Public education on healthy cooking food preparation and cost/benefit for education by life-stage.*
- c. *Cost/benefit: Public education campaign: Diet quality/nutrition status as a predictor for mental health risk; diabetes risk; and/or cancer risk.*
- d. *Analyses/Reviews undertaken by this directorate:*
 - (i) *Meta-analyses to identify effectiveness of nutrition as protective for mental health.*
 - (ii) *Countries that tax ultraprocessed food (UPF) and/or sugar sweetened beverages; tax*

levels, food products targeted for taxation, year established.

(iii) White paper/scientific reviews on the effectiveness of UPF tax policies.

On 14 December 2023 we contacted you to clarify parts 4-6 your request and advised Manatū Hauora (the Ministry of Health) does not widely use the metabolic syndrome classification. We asked you to clarify if you are seeking information specifically about metabolic syndrome only, or have a broader interest in obesity, diabetes, hypertension etc. Your clarified request of 22 December 2023 is copied and responded to below.

4. Information held by or requested by this directorate including research/memos/advice/emails relating to:

a. Metabolic syndrome is recognised by the World Health Organization. Any reports and white papers held which reference metabolic syndrome (a cluster of symptoms characterised by central obesity, dyslipidaemia, hypertension and insulin resistance).

b. Current and predicted cost to the health system from multimorbidity (i.e. cost of multimorbidity) for those diagnosed with Cardiovascular Disease or at risk for Cardiovascular Disease.

c. Diabetes status as a risk factor for viral and bacteriological infections.

d. Diet/nutrition status as a risk factor for poor mental health.

e. Socioeconomic status as a predictor for cardiovascular disease.

f. Diet high in ultraprocessed food as a predictor for cardiovascular disease.

g. Population level data relating to nutrient deficiency (which may include but is not limited to vitamins B,D,C and iron) by age and socio-economic status.

The Evidence Research and Innovation directorate does not hold any information in scope of part 4 of your request as this is not part of the directorate's current work programme. The Ministry recognises that eating well is fundamental to good mental wellbeing and supports our goal of Pae Ora – Healthy Futures for all New Zealanders.

6. Information held by or requested by this directorate including research/memos/advice/emails for long-term strategy, setting direction and priority areas for investment which discusses ultraprocessed food and the consequent health-related cost to New Zealand (including cost/benefits based on life-stage: pregnancy/prenatal, infancy, childhood, youth, adulthood, elderly).

a. Cost/benefit of reducing ultraprocessed food consumption to improve mental health and/or metabolic syndrome in terms of reduction of years of healthy life lost due to disability (YLDs) and years lost due to premature mortality (YLLs).

b. Cost/benefit: Public education on healthy cooking food preparation and cost/benefit for education by life-stage.

c. Cost/benefit: Public education campaign: Diet quality/nutrition status as a predictor for mental health risk; diabetes risk; and/or cancer risk.

d. Analyses/Reviews undertaken by this directorate:

(i) Meta-analyses to identify effectiveness of nutrition as protective for mental health.

(ii) Countries that tax ultraprocessed food (UPF) and/or sugar sweetened beverages; tax levels, food products targeted for taxation, year established.

(iii) White paper/scientific reviews on the effectiveness of UPF tax policies.

One document has been identified in scope of this part of your request. This document is the Appendix to an NZIER updated report to the Ministry (July 2023) *titled: A sweeter deal? Updating the evidence on sugar tax with a focus on real world experience*. The document is appended to this letter and released to you in full.

Please note, the full report will soon be made publicly available on the Ministry's website.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Dean Rutherford
Deputy Director-General
Evidence, Research and Innovation