Aide-Mémoire

Publication of results from the 2024/25 New Zealand Health Survey

Date due to MO:	18 November 2025	**Meeting:**	18 November 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025074911
To:	Hon Simeon Brown, Minister of Health		
Copy to:	Hon Matt Doocey, Minister for Mental Health, Associate Minister of Health Hon David Seymour, Associate Minister of Health Hon Casey Costello, Associate Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

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Melissa Perks	Manager, Health Surveys, Strategy and Policy	

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About the Meeting

Purpose of Meeting

The purpose of this meeting is to present the key findings from the 2024/25 New Zealand Health Survey (Health Survey), which will be published at 10am on Wednesday 19 November 2025.

Details of Meeting

Date: 18 November 2025
Time: 3:30-4:30pm
Venue: Parliament

Organisation

Ministry of Health

Ministry representatives

You will be meeting in-person with the following officials from the Ministry of Health:

Ruth Isaac, Deputy Director-General, Strategy and Policy

Andy Bartle, Acting Group Manager, Data, Analytics and Surveys

Melissa Perks, Acting Manager, Health Surveys

Maria Turley, Principal Advisor, Health Surveys

Kate Wilkinson, Senior Analyst, Health Surveys

Blair McLaren, Manager, Strategic Communications

Other information

Other Ministers in attendance will be Hon Matt Doocey and Hon Casey Costello.

Media

No media will be present.

Background and context

New Zealand Health Survey

1. The Health Survey is a key data source for the health sector, providing population-level data on health status, long-term conditions, health behaviours and risk factors, health service utilisation and barriers to access.
2. The Health Survey is designed and funded by the Ministry of Health (the Ministry), and the interviewing is conducted by Ipsos Limited.
3. It is a continuous survey with a nationally representative sample.
4. Annual results are published every year in November, enabling the monitoring of important health-related time trends.
5. The annual results present statistics about various health topics. We have copied ministers who may have an interest in the results into this aide-mémoire.

2024/25 data collection

6. Data collection for the 2024/25 Health Survey was completed between July 2024 and July 2025, with a sample size of 9,253 adults and 2,805 children. A parent or caregiver completes the survey questionnaire on behalf of children aged 0-14 years.
7. The response rate was 75% for adults and 72% for children. This represents a slight increase from the previous year (73% and 70%, respectively) and a good response rate for a population survey.
8. The Health Survey is a sample survey and some variability in estimates from year to year is expected. Greater variability is expected for smaller populations, such as Pacific peoples. It is therefore important to focus on longer-term trends, rather than year-to-year changes.

Publications and communications

9. At 10am on Wednesday 19 November 2025, the Ministry will release findings from the 2024/25 Health Survey.
10. The findings are embargoed until 10am on Wednesday 19 November and are being shared with you in this meeting in 'lock-up' conditions. This is consistent with the principles and protocols of official statistics.
11. After the release time, all 2024/25 data will be publicly accessible through the Health Survey Annual Data Explorer on the Ministry's website. This web tool allows results to be compared to previous years, and to be viewed by gender, age group, ethnic group, disability status, health region and level of neighbourhood deprivation.
12. As part of general quality assurance, responses for a small number of previously published results for 2023/24 have been adjusted. The revised estimates will be published in the Health Survey Annual Data Explorer at the same time as the 2024/25 data. A note will be added to the New Zealand Health Survey webpage to alert users to changes to previously published statistics.
13. A webpage highlighting trends in smoking and vaping will be published at the same time as the 2024/25 Health Survey data (Appendix 2).

Talking points

Key insights from the 2024/25 Health Survey

14. In 2024/25, 86.6% of adults reported they were in 'good health', which is defined as good, very good or excellent health. This level of good health is similar to levels reported over the previous five years.

15. 97.5% of children were in good health in 2024/25, according to their parent or caregiver.

16. Most adults reported high or very high levels of life satisfaction (83.3%) in 2024/25, with a similar proportion reporting high or very high levels of family wellbeing (83.2%).

17. Three out of four adults (76.9%) reported their oral health to be good, very good or excellent in 2024/25. Nearly all children (91.6%) had their oral health rated as good, very good or excellent by their parent or caregiver.

18. 6.8% of adults were daily smokers in 2024/25, which is similar to the previous year (6.9%) but down from 11.9% in 2019/20.

19. Daily smoking rates have declined over the last five years in all ethnic groups except Asian, but inequities remain: Māori (15.0%), Pacific peoples (10.3%), European/Other (5.7%), and Asian (4.5%).

20. 11.7% of adults were daily vapers in 2024/25, similar to the previous year (11.1%) but up from 3.5% in 2019/20.

21. 17.1% of adults smoked and/or vaped daily in 2024/25, up from 14.5% in 2019/20.

22. One in six adults (16.6%) in the total population were classified as a hazardous drinker[1] in 2024/25, which is the same as the previous year (16.6%) but down from 21.3% in 2019/20.

23. One in seven adults (14.3%) experienced high or very high levels of psychological (mental) distress[2] in the four weeks prior to the 2024/25 survey, up from 7.4% in 2019/20.

24. High or very high levels of psychological distress were more common in disabled adults (35.5%), young people aged 15-24 years (22.9%), Māori (22.5%), Pacific peoples (23.8%) and adults living in the most deprived neighbourhoods (21.4%)[3].

25. About one in 10 (10.5%) adults and about one in 15 children aged 2–14 years (6.3%) reported an unmet need for professional help for their emotions, stress, mental health or substance use in the 12 months prior to the 2024/25 survey. This compares to 10.9% of adults and 6.5% of children in 2023/24 and 8.8% of adults and 7.0% of children in 2021/22.

[1] Hazardous drinking among the total population. Hazardous drinking refers to a score of 8 or more on the Alcohol Use Disorders Identification Test (AUDIT), which suggests hazardous or harmful alcohol consumption.
[2] Psychological distress was measured by the 10-item questionnaire Kessler Psychological Distress Scale (K10). It refers to a person's experience of symptoms such as nervousness, restlessness, fatigue, or depression in the past four weeks. The K10 is a screening tool, rather than a diagnostic tool, so it's not recommended to use it to measure the prevalence of mental health conditions in the population.
[3] Neighbourhood deprivation refers to the New Zealand Index of Deprivation 2018 (NZDep2018), which measures the level of socioeconomic deprivation for each neighbourhood (Statistical Area 1) according to a combination of the following 2018 Census variables: household income, benefit receipt, household crowding, home ownership, employment status, qualifications, single parent families, living in home with dampness/mould and access to the internet

26. Disabled adults were more likely to report unmet need for professional mental health support than non-disabled adults (21.9% and 9.4%, respectively). Differences were even greater for disabled and non-disabled children (28.9% and 3.4%, respectively). These results are similar to previous years.

27. One in five children (21.4%) lived in households where food ran out often or sometimes[4] in the 12 months prior to the 2024/25 survey. This indicator has fluctuated over recent years, making trends hard to interpret.

28. Nearly one in two Pacific children (44.3%) and one in three Māori children (32.3%) lived in households where food ran out often or sometimes in the 12 months prior to the 2024/25 survey. This compares to one in five European/Other children (18.3%) and about one in eight Asian children (13.2%).

29. About one in four adults (25.5%) and about one in five children (19.5%) reported 'time taken to get an appointment too long' as a barrier to visiting the GP in the 12 months prior to the 2024/25 survey. This is similar to the previous year for adults (24.8%) but an increase for children (16.6%).

30. One in seven (14.9%) adults reported not visiting a GP due to cost in the 12 months prior to the 2024/25 survey, which is similar to last year but up from 13.4% in 2019/20. Pacific peoples (25.1%) were more likely to report not visiting a GP due to cost than other ethnic groups: Māori (18.7%), European/Other (14.5%) and Asian (12.8%).

31. About one in five children (19.1%) and one in six adults (17.1%) visited an emergency department (ED) at least once in the 12 months prior to the 2024/25 survey.

32. 46.8% of adults and 72.9% of children aged 2–14 years ate the recommended number of servings of fruit in 2024/25, similar to previous years. The proportion of people meeting vegetable intake guidelines has declined over the last year, from 9.0% to 6.8% in adults and from 8.6% to 5.8% in children aged 2–14 years.

33. In 2024/25, 62.2% of children aged 2–14 years and 31.0% of adults were of a healthy weight, which is similar to previous years.

34. 11.7% of children aged 2–14 years were classified as obese in 2024/25. Obesity rates in children have fluctuated over recent years making trends hard to interpret.

35. One in three adults (34.2%) were classified as obese in 2024/25, up from 31.3% in 2019/20.

36. In 2024/25, 46.2% of adults met physical activity guidelines (ie, did at least 2.5 hours of moderate-intensity activity in the past week, spread out over the week). This is similar to the previous year (46.6%), but down from 52.2% in 2019/20.

37. Further detailed insights on the 2024/25 results are provided in Appendix 3.

Next steps

38. The results from the 2024/25 New Zealand Health Survey will be published at 10am on Wednesday 19 November 2025, including news items released by the Ministry (Appendix 1).

[4] This indicator was included in the annual Child Poverty Related Indicators Report produced by the Ministry of Social Development (MSD).

39. Ministry officials are available to support your office in writing any media statements and responding to media queries, should you require.

Ruth Isaac
Deputy Director General
Strategy and Policy

Appendix 1: News items for the Ministry of Health website

New Zealand Health Survey helps inform better health services for New Zealanders

Publication date: 19 November 2025 TBC

Most New Zealanders are in good health, the latest results from the annual New Zealand Health Survey show.

The Ministry of Health has published results from the 2024/25 New Zealand Health Survey today, providing valuable information about the health and wellbeing of adults and children in New Zealand.

Data collection for the survey was completed between July 2024 and July 2025, with a sample size of 9,253 adults and 2,805 children.

'The survey supports the Ministry of Health's work as the lead adviser to the Government on health, helping us ensure the health system is delivering to meet the current and future needs of New Zealanders,' says Andy Bartle, Group Manager, Data Analytics and Surveys.

The survey captures information about a range of health topics, such as access to health services, alcohol use, vaping and smoking, mental health, nutrition and physical activity.

'The data supports us to monitor trends, identify challenges, and inform our work to improve New Zealanders' health outcomes,' Mr Bartle says.

'We should be encouraged that the long-term trends are positive for aspects of New Zealanders' health. For instance, rates of smoking and hazardous drinking have declined over time. We know there are areas where further work is needed, and the data in this survey informs the delivery of health services.'

The topics being published for 2024/25 are similar to previous years. The key findings include:

- Most New Zealanders are in good health, with 86.6% of adults reporting their health was good, very good or excellent. Nearly all children (97.5%) were in good health, according to their parent or caregiver.
- Most adults reported high or very high levels of life satisfaction (83.3%), and high or very high levels of family wellbeing (83.2%).
- About three out of four adults (76.9%) reported their oral health to be good, very good, or excellent. Nearly all children (91.6%) had their oral health rated as good, very good, or excellent by their parent or caregiver.
- Rates of smoking remain low. About 6.8% of adults were daily smokers in 2024/25, a similar rate to the previous year (6.9%) but a decrease from 11.9% five years earlier (2019/20).
- 11.7% of adults were daily vapers in 2024/25, similar to the previous year (11.1%) but up from 3.5% in 2019/20.
- New Zealanders have lower rates of hazardous drinking than they did five years ago. The rate of hazardous drinking was 16.6% in 2024/25, down from 21.3% in 2019/20.

- One in seven adults (14.3%) reported experiencing high or very high levels of psychological distress in the four weeks prior to the 2024/25 survey, which is similar to the previous year (13.1%) but up from 7.4% in 2019/20.
- Fewer than half of adults (46.2%) meet physical activity guidelines, which recommend doing at least 2.5 hours of moderate-intensity activity in the past week, spread out over the week.
- About one in three children aged 6 months to 14 years (31.8%) met recreational screen time guidelines in 2024/25, similar to five years ago (34.1%). The survey does not ask about the types of screens used.
- One in five children (21.4%) lived in households where food ran out often or sometimes in the 12 months prior to the 2024/25 survey.
- Visits to a GP and emergency departments have remained stable over the past year. Three out of four adults (76.2%) and two out of three children (67.1%) reported visiting a GP in the 12 months prior to the 2024/25 survey. One in four adults (25.5%) reported 'time taken to get an appointment too long' as a barrier to visiting a GP in the previous 12 months, and the same barrier was reported for one in five children (19.5%).
- About one in five children (19.1%) and one in six adults (17.1%) visited an emergency department (ED) at least once in the 12 months before the 2024/25 survey.
- 27.5% of adults reported chronic pain in 2024/25. A new internationally recognised definition of chronic pain was used in the latest survey.

New Zealand Health Survey highlights long-term decline in smoking rates

Publication date: 19 November 2025 TBC

The latest New Zealand Health Survey confirms a significant decline in the number of smokers over the past decade.

The 2024/25 survey has found 6.8% of adults were daily smokers, slightly less than the previous year (6.9%), but down significantly from 16.4% in the 2011/12 survey.

Data collection for the 2024/25 Health Survey was completed between July 2024 and July 2025.

In 2011/12, 16.4% of New Zealand adults smoked daily. The number of smokers has more than halved since 2011/12, and New Zealand now has around 278,000 fewer smokers.

The latest data also highlights the decline in second-hand smoke exposure. 1.3% of children were exposed to second-hand smoke inside the home in 2024/25, down from 3.3% in 2015/16.

Youth smoking rates have declined over time. The daily smoking rate for young people aged 15-24 is now 3.2%.

In 2024/25, the prevalence of daily vaping was 11.7%. This is similar to the previous year (11.1%), but up from 0.9% when first measured in 2015/16.

Work is ongoing to achieve the goal of Smokefree 2025. This includes ensuring smokers have the practical tools and supports to quit smoking, including being able to access less harmful alternatives like vapes.

- Read about recent changes to smokefree laws to better protect children and young people by reducing their access to vaping products. : https://www.health.govt.nz/regulation-legislation/vaping-herbal-smoking-and-smokeless-tobacco/requirements/recent-changes-to-smokefree-laws#toc-0-2
- For more information about the smoking and vaping results in the 2024/25 New Zealand Health Survey, read the Trends in daily smoking and daily vaping webpage.

Appendix 2: Smoking and vaping webpage

Trends in daily smoking and daily vaping

The New Zealand Health Survey is a key tool for monitoring smoking and vaping among people aged 15 years and older. Questions on smoking have been included annually since 2011/12. Questions on vaping were first asked in 2015/16 as part of a tobacco use module and became part of the annual survey in 2017/18. Please refer to the latest Questionnaire and Content Guide for the questions on smoking and vaping [link].

The Annual Data Explorer [link] includes data for several smoking and vaping indicators, with results available by various population groups (gender, age, ethnic group, neighbourhood deprivation, disability status, health region) and over time.

Here we present data on smoking and vaping in a series of graphs to help visualise trends. The focus is on daily smoking and daily vaping because daily use is more likely to indicate dependence.

Things to consider when interpreting these results:

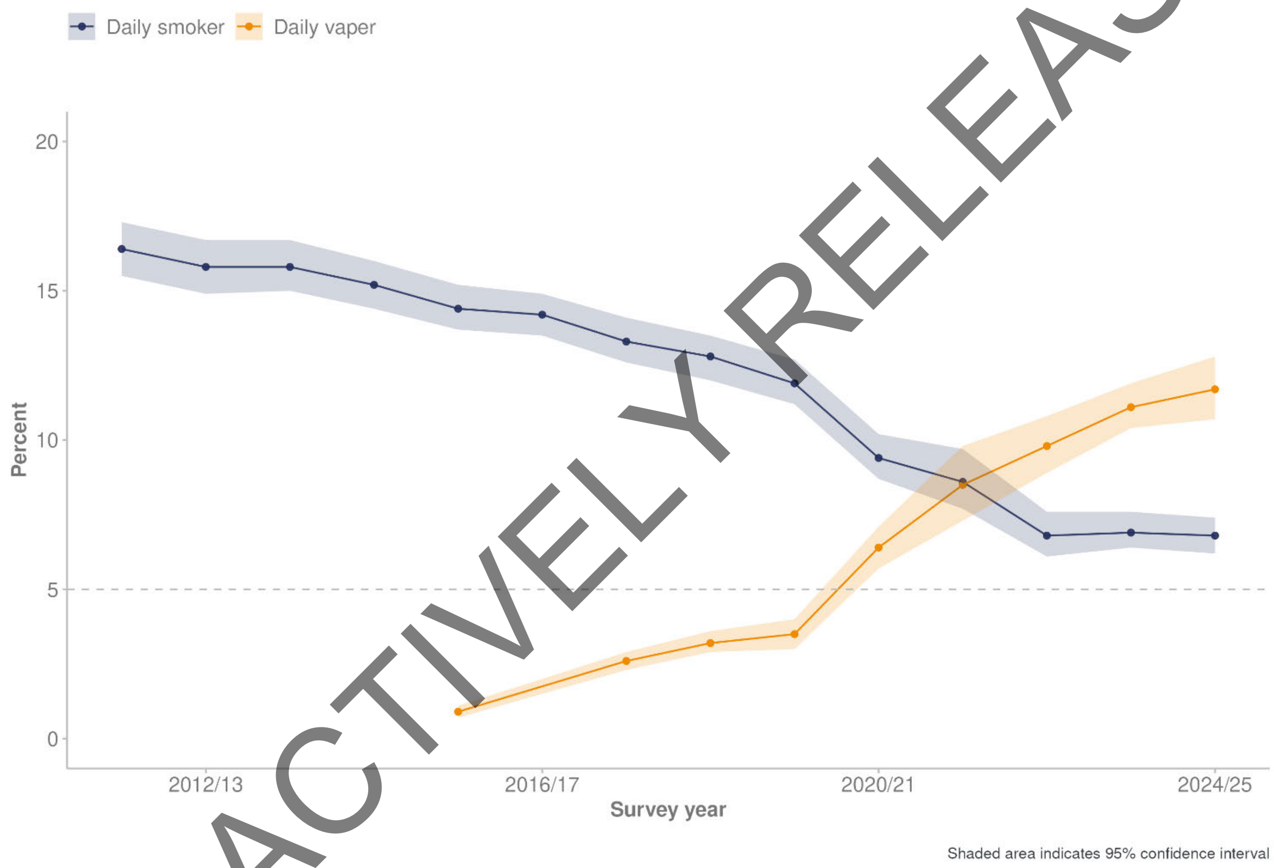
- The New Zealand Health Survey provides a snapshot at one point in time. It can highlight associations between indicators, but it cannot show cause and effect. For example, the survey can show that increases in vaping mirror decreases in smoking in some groups, but it does not mean the increase in vaping caused the decrease in smoking or vice versa.
- Survey results can fluctuate from year to year, so it is important to focus on long-term trends, especially for smaller population groups. We use 95% confidence intervals to indicate the uncertainty in an estimate, which are shown as shaded areas on the graphs. For more information about confidence intervals see the Methodology Report [link].
- New Zealand's goal is to be smokefree by 2025, with smokefree meaning that daily smoking prevalence is less than 5 percent for all population groups. Data for the 2024/25 survey were collected from July 2024 to July 2025, so they do not cover all of 2025.

Total population

Trends for the total population (aged 15 years and over):

- In 2024/25, the prevalence of daily smoking was 6.8%. This is similar to the previous year (6.9%), but down from 16.4% in 2011/12.
- The estimated number of daily smokers nearly halved between 2011/12 and 2024/25, decreasing from 572,000 to 294,000.
- In 2024/25, the prevalence of daily vaping was 11.7%. This is similar to the previous year (11.1%), but up from 0.9% when first measured in 2015/16.
- The estimated number of daily vapers was 509,000 in 2024/25, up from 33,000 in 2015/16.

Figure 1: Prevalence of daily smoking and daily vaping, total population aged 15 years and over, 2011/12 to 2024/25

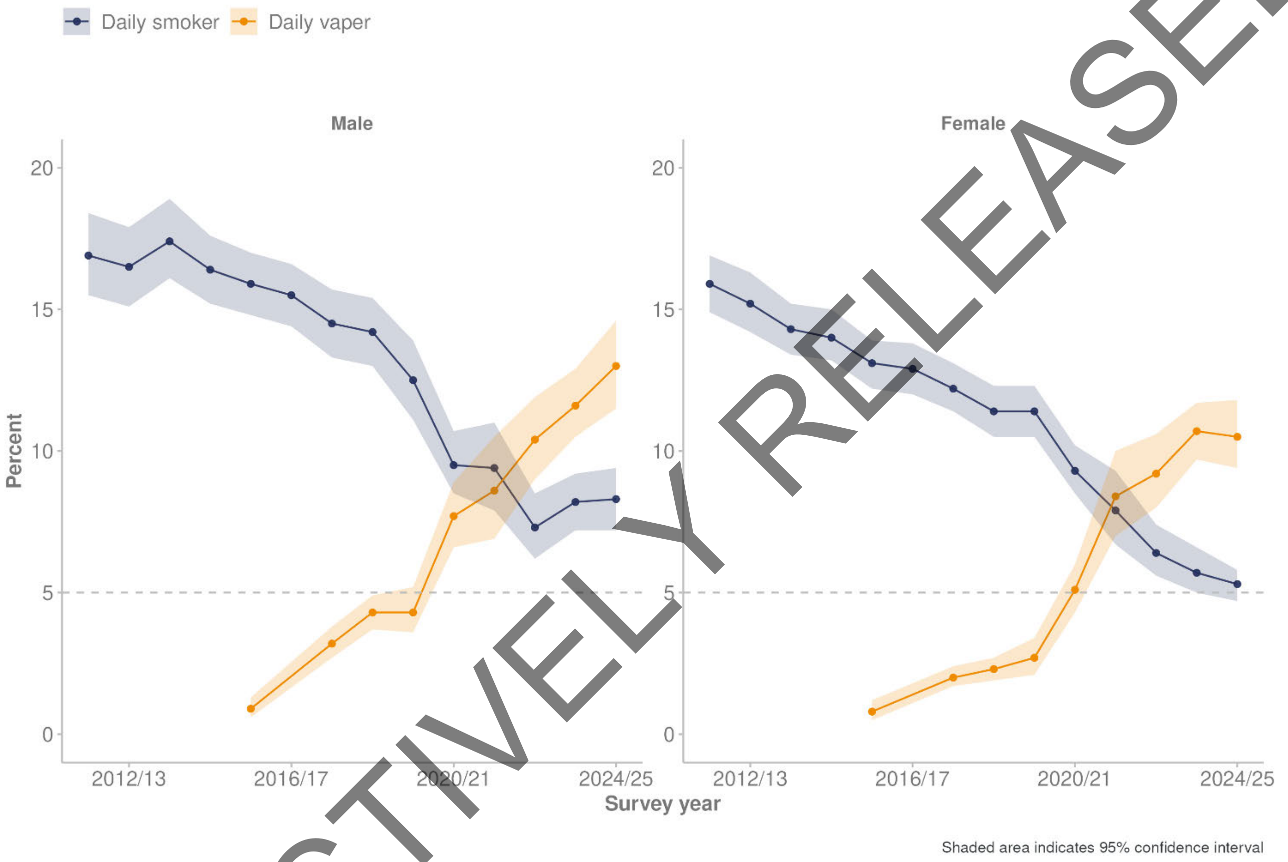


Trends by gender

Trends for the total population mask differences by gender.

- Daily smoking has declined in both men and women since 2011/12, although the decline in men has stalled over the last few years and the gender gap has widened. In 2024/25, the prevalence of daily smoking was 8.3% in men and 5.3% in women.
- Daily vaping continues to increase in men, but the rate of increase in women has slowed in the last few years. In 2024/25, the prevalence of daily vaping was 13.0% in men and 10.5% in women.

Figure 2: Prevalence of daily smoking and daily vaping, by gender, 2011/12 to 2024/25

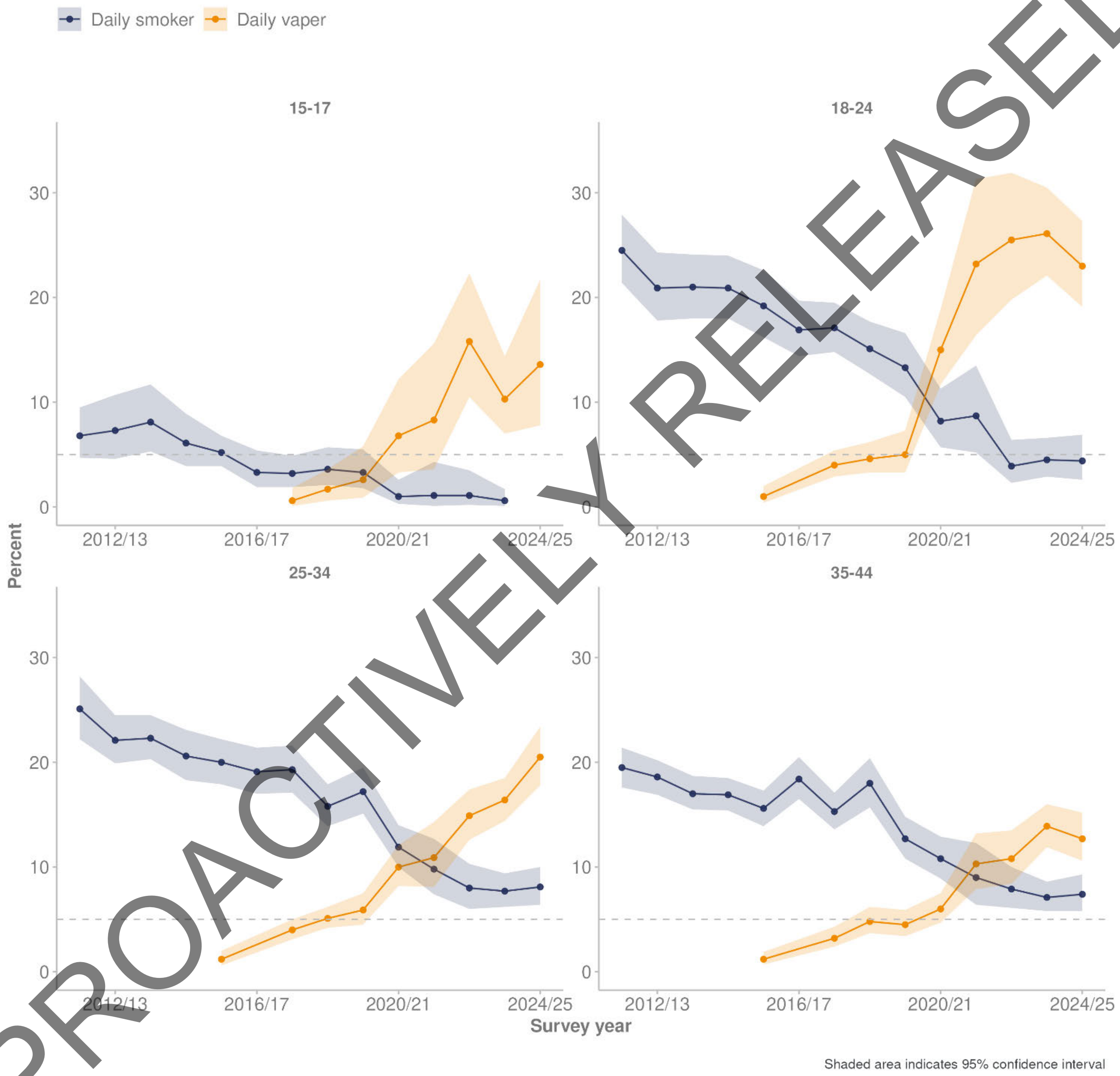


Trends by age group

Trends in daily smoking and daily vaping vary by age group.

- Since 2011/12, the prevalence of daily smoking has decreased in all age groups (with the exception of those aged 75+), with the largest decreases in people aged under 45 years.
- Daily vaping has increased more quickly in younger adults, especially those aged 15–17 and 18–24 years. Increases in daily vaping in these age groups exceed decreases in daily smoking.

Figure 3: Prevalence of daily smoking and daily vaping, by age group, 2011/12 to 2024/25




Daily smoker
Daily vaper
45-54
55-64
65-74
75+
Percent
0
10
20
30
2012/13
2016/17
2020/21
2024/25
Survey year
Shaded area indicates 95% confidence interval

Trends by neighbourhood deprivation

Trends in daily smoking and daily vaping vary by neighbourhood deprivation, as measured by the New Zealand Deprivation Index.

- Daily smoking has decreased, and daily vaping has increased, in all quintiles of neighbourhood deprivation (including quintiles 2 and 4, which are not shown on Figure 4) but inequities remain.
- In 2024/25, the prevalence of daily smoking in the most deprived neighbourhoods (quintile 5) was 12.9%, compared with 2.4% in the least deprived neighbourhoods (quintile 1).
- In 2024/25, the prevalence of daily vaping in the most deprived neighbourhoods was 21.1%, compared to 7.2% in the least deprived neighbourhoods.

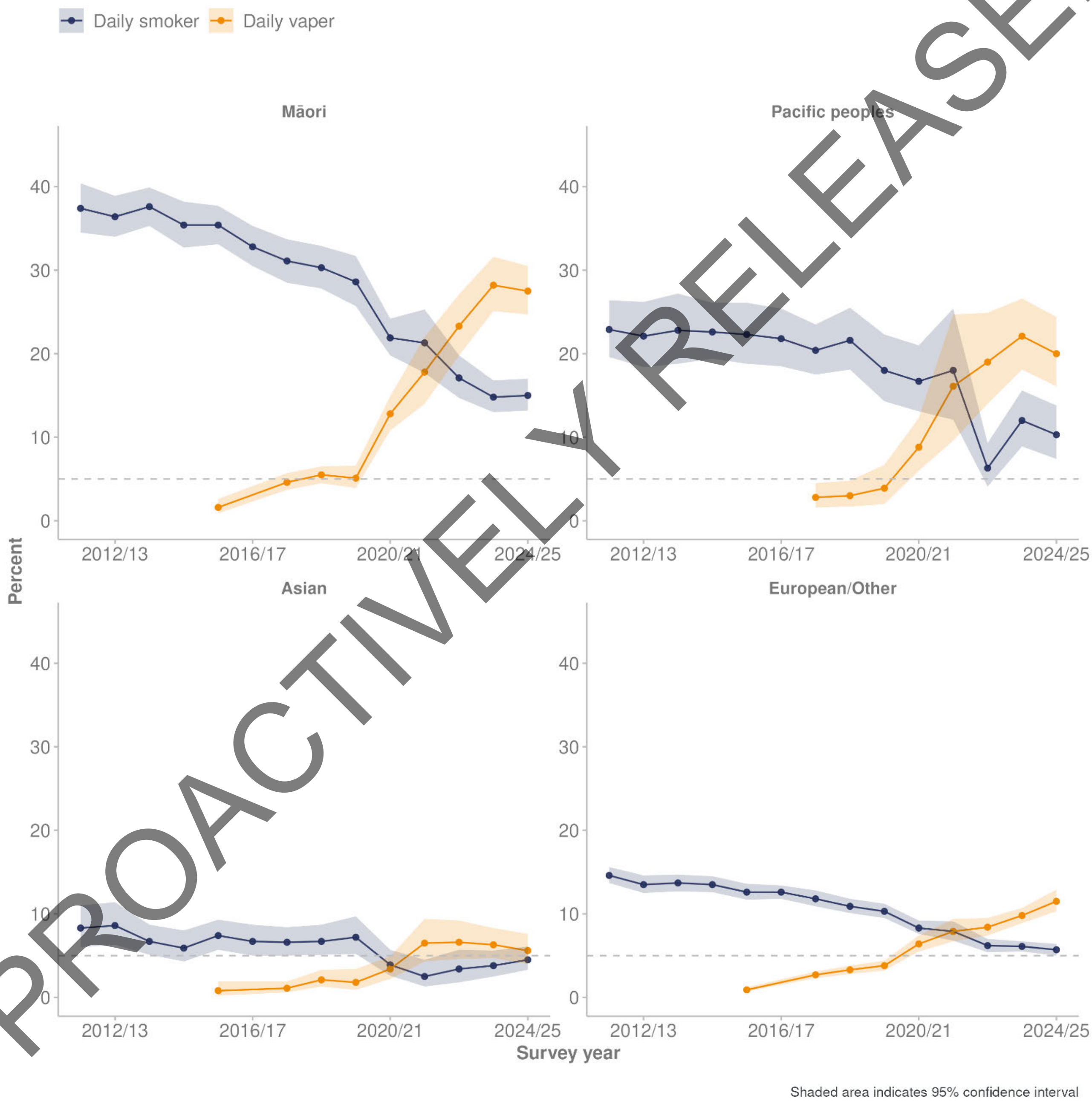
Figure 4: Prevalence of daily smoking and daily vaping, by NZDep quintile, 2011/12 to 2024/25

Trends by ethnic group

Trends in daily smoking and daily vaping vary by ethnic group.

- The prevalence of daily smoking has declined in all ethnic groups since 2011/12, although inequities remain in 2024/25: Māori (15.0%), Pacific peoples (10.3%), European/Other (5.7%) and Asian (4.5%).
- In 2024/25, the prevalence of daily vaping was 27.5% in Māori, 20.0% in Pacific peoples, 11.5% in European/Other, and 5.6% in Asian adults.

Figure 5: Prevalence of daily smoking and daily vaping, by ethnic group, 2011/12 to 2024/25



Appendix 3: Further insights from 2024/25 Health Survey

Overview of key findings

Please note the following before reading the results:

- In the New Zealand Health Survey, adults are people aged 15 years old and over.
- Children in the total population are aged 0–14 years unless otherwise stated and disabled children are aged 5–14 years.
- The parents or caregivers of children answered the survey questions on behalf of their child.
- Where data is compared over time, comparisons are generally made with the previous year (2023/24) and/or five years ago (2019/20). Where data for an indicator is not collected every year, time periods may vary.
- Results for each of the four health regions are available in the Annual Data Explorer from 2011/12 to 2024/25 but have not been highlighted in the key findings.

Most New Zealanders are in good health

- In 2024/25, 86.6% of adults reported they were in 'good health', which is defined as good, very good or excellent health. This level of good health is similar to levels reported over the previous five years.
- Disabled adults were less likely to report being in good health (61.4%) than non-disabled adults (89.0%).
- Nearly all children (97.5%) were in good health in 2024/25, according to their parent or caregiver.
- Most adults reported high or very high levels of life satisfaction (83.3%), with a similar proportion reporting high or very high levels of family wellbeing (83.2%).
- Disabled adults were less likely than non-disabled adults to report high or very high levels of life satisfaction (64.3% and 85.2%, respectively) and family wellbeing (71.2% and 84.3%, respectively).

Daily smoking and daily vaping rates are similar to last year

- 6.8% of adults were daily smokers in 2024/25, which is similar to the previous year (6.9%) but down from 11.9% in 2019/20.
- Daily smoking rates are higher in men (8.3%) than women (5.3%), with the gap widening over the last two years.
- Daily smoking rates have declined over the last five years in all ethnic groups except Asian, but inequities remain: Māori (15.0%), Pacific peoples (10.3%), European/Other (5.7%), and Asian (4.5%).
- Adults living in the most deprived neighbourhoods[5] were more likely to be daily smokers than adults living in the least deprived neighbourhoods (12.9% and 2.4%, respectively).
- 11.7% of adults were daily vapers in 2024/25, similar to the previous year (11.1%) but up from 3.5% in 2019/20.

[5] Neighbourhood deprivation refers to the New Zealand Index of Deprivation 2018 (NZDep2018), which measures the level of socioeconomic deprivation for each neighbourhood (Statistical Area 1) according to a combination of the following 2018 Census variables: household income, benefit receipt, household crowding, home ownership, employment status, qualifications, single parent families, living in home with dampness/mould and access to the internet.

- The highest daily vaping rates were in Māori (27.5%), Pacific peoples (20.0%), those aged 18–24 years (23.0%) and 25–34 years (20.5%), and adults living in the most deprived neighbourhoods (21.1%).
- 17.1% of adults smoked and/or vaped daily in 2024/25, up from 14.5% in 2019/20.
- Disabled adults were more likely to smoke and/or vape daily than non-disabled adults (22.1% and 16.7%, respectively).

Exposure to second-hand smoke continues to decline

- 1.3% of children were exposed to second-hand smoke inside the home in 2024/25, down from 3.3% in 2015/16. Child exposure to second-hand smoke while travelling in a car or van decreased from 4.0% to 0.8% over the same period.
- 3.6% of adults were exposed to second-hand smoke inside the home in 2024/25, down from 6.6% in 2015/16. Adult exposure to second-hand smoke while travelling in a car or van decreased from 9.5% to 4.5% over the same period.

One in six adults has a hazardous drinking pattern

- Three out of four adults (74.9%) drank alcohol in the 12 months prior to the 2024/25 survey, down from 81.6% in 2019/20. Past-year drinking rates varied by ethnic group: European/Other (82.0%), Māori (75.3%), Pacific peoples (57.7%) and Asian (54.6%).
- One in six adults (16.6%) in the total population were classified as a hazardous drinker[6] in 2024/25, which is the same as the previous year (16.6%) but down from 21.3% in 2019/20.
- One in 12 adults (8.2%) in the total population reported drinking six or more drinks on one occasion at least weekly. This is a decrease since 2019/20, when the rate was 12.0%.

Disabled adults are most likely to experience high levels of psychological distress

- Most adults experienced no/low (65.4%) or moderate (20.4%) levels of psychological (mental) distress[7] in the four weeks prior to the 2024/25 survey.
- One in seven adults (14.3%) experienced high or very high levels of psychological distress in the four weeks prior to the 2024/25 survey, up from 7.4% in 2019/20.
- Women were more likely to experience high or very high levels of psychological distress than men (16.6% and 11.4%, respectively).
- High or very high levels of psychological distress were more common in disabled adults (35.5%), young people aged 15–24 years (22.9%), Māori (22.5%), Pacific peoples (23.8%) and adults living in the most deprived neighbourhoods (21.4%).

[6] Hazardous drinking among the total population. Hazardous drinking refers to a score of 8 or more on the Alcohol Use Disorders Identification Test (AUDIT), which suggests hazardous or harmful alcohol consumption.
[7] Psychological distress was measured by the 10-item questionnaire Kessler Psychological Distress Scale (K10). It refers to a person's experience of symptoms such as nervousness, restlessness, fatigue, or depression in the past four weeks. The K10 is a screening tool, rather than a diagnostic tool, so it's not recommended to use it to measure the prevalence of mental health conditions in the population.

One in eight children likely to have emotional and/or behavioural problems

- The Strengths and Difficulties Questionnaire (SDQ)[8] examines emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour in children aged 2–14 years.
- In 2024/25, one in eight children (12.4%) were likely to have emotional and/or behavioural problems, meaning that they have a risk of experiencing substantial difficulties in these four aspects of development: emotional symptoms, conduct problems, hyperactivity and peer problems.
- Disabled children were more likely to have emotional and/or behavioural problems than non-disabled children (52.3% and 5.2%, respectively).

More people are talking to family, whānau or friends about mental health

- The proportion of people consulting family, whānau or friends about their mental health or substance use in the 12 months prior to the 2024/25 survey increased over the last year in adults (from 16.0% to 22.5%) and children aged 2–14 years (from 9.9% to 13.5%).
- The proportion of people consulting a health professional about their mental health or substance use in the 12 months prior to the 2024/25 survey was similar to previous years:
  - 9.3% of adults and 6.2% of children aged 2–14 years consulted a psychologist, counsellor or psychotherapist
  - 13.7% of adults and 7.6% of children aged 2–14 years consulted a GP or nurse.
- About one in 10 adults (10.5%) and about one in 15 children aged 2–14 years (6.3%) reported an unmet need for professional help for their emotions, stress, mental health or substance use in the 12 months prior to the 2024/25 survey, compared to 8.8% and 7.0% in 2021/22, respectively.
- Disabled adults were more likely to report unmet need for professional mental health support than non-disabled adults (21.9% and 9.4%, respectively). Differences were even greater for disabled and non-disabled children (28.9% and 3.4%, respectively). These results are similar to previous years.

Most children have a parent or caregiver who copes well with parenting

- Nearly all children (91.6%) had a parent or caregiver who reported having someone they can turn to for day-to-day emotional support with raising children.
- Three out of four children (76.5%) had a parent or caregiver who coped well or very well with the demands of raising children.

One in five children live in households where food runs out

- One in five children (21.4%) lived in households where food ran out often or sometimes[9] in the 12 months prior to the 2024/25 survey. This indicator has fluctuated over recent years making trends hard to interpret.
- Nearly one in two Pacific children (44.3%) and one in three Māori children (32.3%) lived in households where food ran out often or sometimes in the 12 months prior to the 2024/25 survey. This compares to one in five European/Other children (18.3%) and about one in seven Asian children (13.2%).

[8] The SDQ is a screening tool, rather than a diagnostic tool.
[9] This indicator was included in the annual Child Poverty Related Indicators Report produced by the Ministry of Social Development (MSD).

- Nearly one in four children (22.6%) lived in households where they often or sometimes ate less because of a lack of money.

Fewer people meeting vegetable intake guidelines

- 46.8% of adults and 72.9% of children aged 2–14 years ate the recommended number of servings of fruit in 2024/25, similar to previous years.
- The proportion of people meeting vegetable intake guidelines has declined over the last year, from 9.0% to 6.8% in adults and from 8.6% to 5.8% in children aged 2–14 years.
- In 2024/25, 80.3% of children aged 2–14 years ate breakfast every day, similar to previous years.
- Among children aged four months to under five years, 58.2% were exclusively breastfed until at least four months of age. This is an increase from 50.0% in 2019/20.

One in eight adults do little or no physical activity

- In 2024/25, 46.2% of adults met physical activity guidelines (ie, did at least 2.5 hours of moderate-intensity activity in the past week, spread out over the week). This is similar to the previous year (46.6%), but down from 52.2% in 2019/20.
- One in eight adults (12.3%) did little or no physical activity (ie, less than 30 minutes of physical activity in the past seven days).
- 38.6% of children aged 5–14 years usually used active transport (eg, walking and cycling) to get to and from school in 2024/25, compared to 42.7% in 2019/20.
- About one in three children aged 6 months to 14 years (31.8%) met recreational screen time guidelines[10] in 2024/25, which is not significantly different to 2019/20 (34.1%).
- Children aged 10–14 years (19.7%) were less likely to meet screen time recommendations than younger children (41.2% for 5–9 years and 36.0% for 6 months to 4 years).

Obesity rates in adults have increased

- In 2024/25, 62.2% of children aged 2–14 years and 31.0% of adults were of a healthy weight, which is similar to previous years.
- One in three adults (34.2%) were classified as obese in 2024/25, up from 31.3% in 2019/20.
- About one in two adults (46.8%) living in the most deprived neighbourhoods were classified as obese, compared to about one in four adults (27.6%) living in the least deprived neighbourhoods.
- 11.7% of children aged 2–14 years were classified as obese in 2024/25. Obesity rates in children have fluctuated over recent years making trends hard to interpret.

One in four adults gets less sleep than recommended

- Two out of three adults (67.4%) met sleep duration guidelines in 2024/25, while about one in four (27.0%) slept less than recommended, and 5.7% slept more than recommended.
- The average number of hours' sleep for adults was 7.3 hours.
- Three out of four children (77.2%) met sleep duration guidelines in 2024/25, while 18.0% slept less than recommended and 4.8% slept more than recommended.

[10] The Ministry of Health recommends that children limit recreational screen time to the following hours per day: 0 hours for 6–23 months, less than one hour for 2–4 years, and less than 2 hours for 5–14 years.

Most people reported good, very good or excellent oral health

- Three out of four adults (76.9%) reported their oral health to be good, very good or excellent in 2024/25.
- Nearly all children (91.6%) had their oral health rated as good, very good or excellent by their parent or caregiver.
- About two out of three adults (66.2%) and children (62.9%) brush their teeth with standard fluoride toothpaste at least twice each day.
- 43.0% of adults avoided going to a dental health care worker in the 12 months prior to the 2024/25 survey due to cost.

Visits to the GP and ED were stable

- Three out of four adults (76.2%) and two out of three children (67.1%) visited a GP in the 12 months prior to the 2024/25 survey, which is similar to the previous year.
- About one in five children (19.1%) and one in six adults (17.1%) visited an emergency department (ED) at least once in the 12 months prior to the 2024/25 survey.
- Disabled adults were more likely to visit an ED than non-disabled adults (35.0% and 15.4%, respectively).

The most commonly reported reason for not visiting a GP was 'time taken to get an appointment too long'

- About one in four adults (25.5%) reported 'time taken to get an appointment too long' as a barrier to visiting a GP in the 12 months prior to the 2024/25 survey, which is similar to the previous year (24.8%) but an increase since 2021/22 (11.6%).
- About one in five children (19.5%) had their parent or caregiver report that the time taken to get an appointment was a barrier to visiting a GP in the 12 months prior to the 2024/25 survey, which is an increase from the previous year (16.6%).
- One in seven adults (14.9%) reported not visiting a GP due to cost in the 12 months prior to the 2024/25 survey, which is similar to the previous year (15.1%), but up from 13.4% in 2019/20.
- Pacific adults were most likely to report not visiting a GP due to cost (25.1%), followed by Māori (18.7%), European/Other (14.5%), and Asian (12.8%).
- 3.6% of adults did not collect a prescription due to cost in the 12 months prior to the 2024/25 survey, similar to the previous year (3.9%).
- All barriers to seeing a GP were more common in disabled adults, with the following reasons disproportionately high: owing money, lack of transport, and lack of support person.

Other health conditions

- The long-term condition section of the survey was refreshed in 2024/25, with some questions being revised and others added. This resulted in a break in the time series for some indicators (chronic pain, arthritis, osteoarthritis, gout and rheumatoid arthritis) and the addition of a new indicator (chronic obstructive pulmonary disease, or COPD).
- 27.5% of adults reported chronic pain in 2024/25, according to the new internationally recognised definition. Rates of chronic pain were highest in disabled adults (60.8%) and people aged 75 years or older (40.3%).

- About one in 20 adults (4.8%) had been diagnosed with gout. Rates of gout were higher in men (7.9%) than women (1.9%).
- 4.4% of adults aged 45 years or older had been diagnosed with COPD. Rates of COPD were higher in adults living in the most deprived neighbourhoods (6.6%) than adults living in the least deprived neighbourhoods (2.9%).
- About one in 10 children aged 2–14 years (10.9%) had asthma and were using treatments in 2024/25, down from 13.4% in 2019/20.

Appendix 4: Q&A

1. Why does the Ministry carry out an annual New Zealand Health Survey?

The New Zealand Health Survey has been providing information about the health and wellbeing of New Zealanders since 1992/93. Since 2011 the results have been collected continuously and published annually, allowing important health-related time trends to be monitored. Each year the Survey includes a core component, where the questions mostly stay the same, and at least one module, which collects more detail on a particular topic.

It is a key data source for the health sector, providing population-level data on health status, long-term conditions, health behaviours and risk factors, health service utilisation and barriers to accessing health care. This supports the development of health services, policy and strategy.

2. How is the New Zealand Heath Survey conducted?

It is a face-to-face survey with a nationally representative sample. Addresses from across New Zealand are chosen at random, with different households invited to take part in the survey each month. The interview takes about 40 minutes for adults and about 30 minutes for children. A parent or legal guardian completes the New Zealand Health Survey on behalf of a child under the age of 15.

Face-to-face surveys are considered best practice and also enable height, weight, waist and blood pressure (objective health measures) to be taken as part of the New Zealand Health Survey. For the 2024/25 New Zealand Health Survey the majority of the interviews were conducted face-to-face but about 3.2% of respondents, who were otherwise unable to participate, completed it through a video interview. For some sensitive questions, the questions are administered using a computer-assisted self-interview (CASI).

The sample size for 2024/25 was 9,253 adults and 2,805 children (aged 0-14 years).

3. What methodology is used to ensure the New Zealand Health Survey data is high-quality?

The Principles and Protocols for Producers of Tier 1 statistics are followed to ensure the New Zealand Health Survey produces the high quality and robust data expected of official statistics. This is an obligation under the Data and Statistics Act (2022). The survey follows best practice in all areas of the survey, including the survey design, training of interviewers, data collection methods, data processing, creation of survey weights and data analysis.

The quality of the 2024/25 data was checked and it was determined to be sound and fit for purpose. The composition of the sample also remained similar to previous years by key demographic factors (eg, age group, ethnic group and neighbourhood deprivation).

In 2024/25, response rates were 75% for adults and 72% for children. This is slightly higher than the previous year (73% and 70% respectively) and is a good response rate for a population survey.

The survey uses a calibrated weighting method which combines an individual's likelihood of selection and population benchmarks published by Stats NZ so that the estimates that are calculated represent the total New Zealand population. Typically, members of groups that have a lower chance of selection, such as Pacific, are assigned a higher weight so that these groups are not under-represented in estimates. Conversely, groups with a higher chance of selection receive lower weights.

The Ministry's Health Surveys team reviewed the final estimates. Checks included comparing results with previous years (or other data sources if indicators are new), looking for inconsistencies across population subgroups, and consulting key stakeholders about any unexpected changes.

You can find a copy of the Methodology Report on the Ministry's website. Copies of the Adult Questionnaire and Child Questionnaire are also available on this website, along with a Content Guide to help with interpretation of the findings.

4. How is the New Zealand Health Survey data presented?

The data is presented in an interactive web tool, the Annual Data Explorer. This allows results for adults and children to be compared to previous years, and to be viewed by gender, age group, ethnic group, disability status, neighbourhood deprivation and the four health regions. There are more than 180 indicators in the Annual Data Explorer which produces approximately 130,000 data points. The key findings are also described in a web page and news item.

For 2024/25, there is also a webpage presenting data on smoking and vaping in a series of graphs to help visualise trends.

The Health Survey data is also used and presented in various health strategies, policies and reports, such as the annual Health and Independence Report. Several of the measures in the Government Policy Statement on Health 2024-27 are based on data from the Health Survey and will be used to monitor progress.

5. What data is collected by the New Zealand Health Survey?

There is a wealth of information collected about people's health and wellbeing as part of the New Zealand Health Survey. The key statistics in the survey give a picture of how New Zealanders describe their state of health, their smoking and vaping behaviour, alcohol consumption, mental health, eating habits and access to food, obesity, physical activity, oral health and access to healthcare. The topics being published for 2024/25 are similar to previous years, with new or updated indicators for chronic obstructive pulmonary disease (COPD), chronic pain, gout, osteoarthritis, rheumatoid arthritis and arthritis for adults, as well as screen time for children.

Not all information collected as part of the New Zealand Health Survey is presented in the Annual Data Explorer. Results from modules are published as the analysis becomes available.

Detailed regional results, which involves pooling together three years of survey data and presenting them by DHB and rural/urban, can be found on the Ministry's website. The latest regional results were published in May 2025[11].

Unit record data for the 2024/25 New Zealand Health Survey will be available in 2026 so researchers can conduct their own analysis.

[11] Regional Data Release 2011/12-2023/24: New Zealand Health Survey [Regional Data Release 2011/12–2023/24: New Zealand Health Survey | Ministry of Health NZ]

6. What needs to be considered when incorporating New Zealand Health Survey data into policy and strategy?

The New Zealand Health Survey is a sample survey and some variability in estimates from year to year is expected. Greater variability is expected for smaller populations, such as Pacific peoples. It is therefore important to focus on longer-term trends rather than year-to-year changes.

7. What's being done to improve the health of New Zealanders?

The New Zealand Health Survey acts as a health check for New Zealand. It highlights areas where improvements are being made, and also where progress could be faster.

The data from the 2024/25 New Zealand Health Survey show that most New Zealanders continue to be in good health, and good progress is being made in areas such as reducing young people's rates of hazardous drinking.

We know there are areas where more work is needed and there is work underway to address this. The Government Policy Statement on Health outlines the Government's vision for the health system: to increase life expectancy with quality of life, and a health system that provides all New Zealanders with timely access to quality health care.

The findings of the New Zealand Health Survey will help us track our progress on the work underway to enable the health system to meet the future needs of New Zealanders.

8. Why have these results been published on this particular day?

The publication date was scheduled and announced six months in advance on this release calendar of Tier 1 health statistics: https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/tier-1-health-statistics-release-calendar. This is consistent with the Principles and Protocols for Producers of Tier 1 statistics as it is important that release dates are announced well in advance.

Appendix 5: Reactive Lines

Primary care

What are you doing to address unmet need in primary care, particularly in relation to wait times and cost?

This year the Government has announced significant investments to support access to timely, quality primary health care for all New Zealanders.

In March, Minister of Health Simeon Brown announced a package of eight initiatives to make it easier for New Zealanders to get the care they need, closer to home.

Those initiatives include digital access to 24/7 primary care; actions to increase the GP and primary care nursing workforce; and a performance-based funding boost for general practice.

Since then, the Government has announced additional initiatives.

- Better urgent and after-hours care services around the country
- Increased maximum prescription lengths
- Progressing a new medical school at the University of Waikato
- A new health target to increase access to primary care.

In June, Health New Zealand agreed to a funding uplift of up to 13.89 percent for general practice, an additional $175 million this financial year.

It is too early to see the impact of these additional investments and new initiatives on New Zealanders' access to primary care. Data collection for the New Zealand Health Survey was completed between July 2024 and July 2025.

Oral health

The New Zealand Health Survey shows that oral health is generally very good, but we know there are areas of need.

Currently, free dental care is provided to children and adolescents until the age of 18 – there's also funding available to support adults on low incomes to access dental care.

The Ministry will continue to provide advice to the Minister on how we can further improve oral health services across New Zealand.

Hazardous drinking

Alcohol is a leading cause of preventable death, injury and ill health in New Zealand.

New Zealanders have lower rates of hazardous drinking than they did five years ago. The rate of hazardous drinking was 16.6% in 2024/25, down from 21.3% in 2019/20.

The Government is taking steps to address alcohol-related harm, some funded by the alcohol levy and some from general government funding. These include harm reduction initiatives, health promotion activities, and specific specialist services to support people to reduce or cease their use of harmful substances, including alcohol.

The National Public Health Service, within Health New Zealand, delivers a comprehensive levy funded alcohol harm prevention work programme.

Last year (2024), the Government increased the alcohol levy from $11.5m a year to $16.6m a year. This is the first increase in levy funding since 2009.

The additional levy funding supports health initiatives such as actions to further prevent Fetal Alcohol Spectrum Disorder (FASD), improve diagnosis and support, and strengthen services for affected families.

Physical activity, screen time and nutrition

The survey shows children are spending too much time on screens. What does this tell us about social media use in young people?

New Zealand Health Survey asks about children's use of screens.

The guidelines are no screen time for children aged 0-2; less than 1 hour a day for children under 5; and less than 2 hours a day for children aged 5 and over[12].

About one in three children aged 6 months to 14 years (31.8%) met recreational screen time guidelines in 2024/25, which is not significantly different to 2019/20 (34.1%).

Children aged 10–14 years (19.7%) were less likely to meet screen time recommendations than younger children (41.2% for 5–9 years and 36.0% for 6 months to 4 years). This is recreational screentime and doesn't count schoolwork and homework. Data are reported by parents and caregivers rather than children.

The survey does not ask about the types of screens used or the content viewed on screens, so the findings aren't specifically about social media or mobile phone use. Screens can also include TV, tablets and computers (being used for games, for instance).

What are the guidelines for fruit and vegetable consumption?

Recommended fruit and vegetable servings varies according to age, sex, and life stage. For adults, it is at least five servings of vegetables and 2 servings of fruit; some adults may need more. More information can be found here: https://healthed.govt.nz/products/healthy-eating-active-living

Mental health and unmet need for mental health care

What is the Government doing to strengthen New Zealanders' access to mental health services?

The Government is committed to faster access to specialist and primary mental health and addiction services while growing the workforce and ensuring shorter mental health and addiction-related stays in emergency departments.

[12] https://www.tewhatuora.govt.nz/assets/Corporate-information/Our-health-system/Health-sector-organisations/Public-Health-contacts/5210/5210-screen-time-flyer.pdf

The Government's priorities and specific targets for mental health and addiction services are helping to ensure the system is focused on delivering services that people can easily access across the continuum from prevention and early intervention services, through to specialist-level treatment services.

The latest mental health target results (reported on 1 October 2025) show more New Zealanders are getting faster access to support. Both primary mental health support and specialist services stayed above the target all year.

The Minister for Mental Health Hon Matt Doocey is driving a Mental Health Plan with three clear focus areas:

- Faster access to support
- More frontline workers
- Better crisis response.

Earlier this month, Minister Doocey announced a $61.6 million funding boost to provide more frontline workers and establish new services for people in need of a better crisis response. This includes:

- Crisis assessment teams – 40 additional frontline clinical staff for crisis assessment and treatment teams nationwide.
- Peer-led acute alternatives – two new 10-bed peer-led acute alternative services to reduce inpatient ward admissions.
- Peer support in emergency departments – three more EDs will receive peer support workers, on top of the eight already launched.
- Crisis Recovery Cafés – two new cafés, bringing the total to eight across the country.

More people are consulting family, whānau or friends about mental health. Is this because they are struggling to get professional help?

The proportion of people consulting family, whānau or friends about mental health has increased over the past year.

Given that the number of people reporting unmet need for services is stable, we can consider it a healthy sign that more people feel more confident and comfortable talking about mental health issues to others.

The proportion of people consulting a health professional about mental health in the 12 months prior to the 2024/25 survey was similar to previous years.

About one in 10 adults (10.5%) reported an unmet need for professional help for their emotions, stress, mental health or substance use in 2024/25, compared to 10.9% in 2023/24 and 8.8% in 2021/22.

Levels of psychological distress among young people are growing and yet there is also growing unmet need from support services. What are you doing to address this?

The Government is continuing to drive for improved mental health outcomes for young New Zealanders.

Rates of mental distress amongst young people have been increasing in most developed countries.

The Minister for Mental Health is driving a Mental Health Plan with three clear focus areas:

- Faster access to support
- More frontline workers
- Better crisis response.

Youth mental health is a priority across this plan, backed by Government investment in initiatives that are making a difference.

The Government's investments include:

- $6 million investment in Gumboot Friday, enabling thousands of young people aged between 5 and 25 years to access mental health support faster
- $5 million Mental Health Innovation Fund, supporting faster access to a greater range of community-led support for young people.
- Boosting specialist services to ensure young people with higher needs can access support. This includes funding for eating disorders services.
- Mental health targets to drive a focus on timely access. These are working – a specific focus on lifting wait times for youth accessing specialist services has seen an improvement from 73.4% seen in less than three weeks in Q4 2023/24 to 75.4% in Q4 2024/25.
- Funding for New Zealand's first Child and Youth Mental Health and Addiction Prevalence Study. The findings from this study will help us to better plan for mental health and addiction services, enabling us to target our support for children and young people where it will have the greatest impact. The study will be in the field next year.
- Investments in the infant, child and youth mental health and addiction workforce. Workforce shortages are a global challenge, but this workforce has grown by 19% between 2022 and 2024.

The Ministry is focused on implementing the Government's Mental Health Plan – ensuring young people have faster access to effective support, growing a workforce capable of supporting young people's mental health, and strengthening our focus on prevention and early intervention so distress doesn't escalate.

There are many challenges: wait times, workforce shortages and limited support options, but we are seeing progress in addressing these.

How long are young people having to wait to access mental health and addiction support?

In the quarter ending June 2025:

- 84.3% of young people could access primary mental health and addiction services within one week (compared to 83.7% in September 2024). This compares to 83.8% across all ages and against a target of 80%.
- 75.4% of young people could access specialist mental health and addiction services within three weeks (compared to 73.4% in June 2024). This compares to 80.3% across all ages and against a target of 80%.

Smoking and vaping

What do the New Zealand Health Survey results show about smoking rates in Māori?

15% of Māori were daily smokers in 2024/25 down from 37.4% in 2011/12. This is phenomenal progress. Māori women in particular dropped from 40.5% in 2011/12 to 15.5% in 2024/25. But we still have a way to go yet.

What do the New Zealand Health Survey results show about smoking rates in Pacific peoples?

10.3% of Pacific adults were daily smokers in 2024/25, down from 22.9% in 2011/12.

Daily smoking rates among Pacific adults have fluctuated over the last few years, but these changes should not be interpreted as increases or decreases compared to the previous year – the long-term trend is downward.

The Health Survey is a sample survey and some variability in estimates from year to year is expected. Greater variability is expected for smaller populations, such as Pacific peoples. It is therefore important to focus on longer-term trends, rather than year-to-year changes.

What work is being done to reduce smoking rates further?

Sustained prevention efforts continue to focus on groups that are hard to shift and often have the highest need.

Community providers have received $17 million funding this year to work with smokers to help them take the steps to become smoke free. An extra $5 million has gone into further prevention activities to help people quit, as well as the promotion of stop smoking services, including social media campaigns such as "Breakfree to Smokefree", innovation funding, and health promotion.

What information was collected in Census 2023 about smoking and how does it compare with the New Zealand Health Survey?

New Census 2023 data about smoking was released in October 2024. Census data captures 'regular smoker' rates. The definition for this metric is very similar to the New Zealand Health Survey 'daily smoking' rate – the number of people who smoke one or more cigarettes per day.

The New Zealand Health Survey is a sample survey, while the Census is a population-level survey. The two surveys are both valid but have multiple differences in methodology that would explain different results.

The Census 2023 found that the proportion of adults (15 years and over) who were regular smokers (smoked one or more cigarettes a day) was 7.7 percent in 2023 compared with 15.1 percent in 2013.

The Census smoking results by ethnic group were released by Stats NZ on 26 November 2024.

Is enough being done to enforce the law?

A greater focus is being made on compliance and enforcement. Smokefree Enforcement Officers have more than doubled the number of store visits and controlled purchase operations in a bid to curb illegal sales of vapes and tobacco products to minors, and to ensure other regulations are abided by.

In the 12 months ending 30 June, there were over 7400 visits and controlled purchase operations conducted - up from 2951 the previous year.

A small number of retailers have been found to be breaking the rules.

How do New Zealand's smoking rates compare internationally?

It's difficult to make direct international comparisons, as countries collect this data differently. However, many studies show New Zealand has very low smoking rates when compared to other countries. The latest OECD Health at a Glance report (released 14 November 2025) shows an average daily smoking rate of 14.8% across OECD countries, and NZ as third lowest in the OECD for daily smoking. NZ had one of the largest declines in smoking between 2013 and 2023.

Similar statistics include:

- NZ – 6.8% of adults (15+) smoked daily in 2024/25
- UK - 10.6% of adults (18+) currently (not daily) smoked cigarettes in 2024
- Australia – 8% of adults (18+) smoked daily in 2023
- United States – 11.6% of adults (18+) currently smoked cigarettes in 2022
- Canada – 8.2% of adults (15+) smoked daily in 2022
- Sweden – 5.4% of adults (aged 16-84) smoked tobacco daily in 2024