

Scoping study to inform development of the National Nutrition Policy for Australia

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Executive summary

Introduction

Optimum nutrition is fundamental to good health. It is essential for the normal growth and physical and cognitive development of infants and children, contributes significantly to quality of life, wellbeing and workforce productivity, enhances resistance to infection and reduces the risk of obesity, chronic disease and premature death (AIHW 2012; NHMRC 2013).

This scoping study reviews the current literature to identify:

- key population health issues related to diet and nutrition within the Australian population; and
- where gaps in current policy are evident.

The scoping study reviews the literature on past and present national and international nutrition policies, strategies (policy actions), interventions and evaluations. The study analyses the evidence from the literature review and formulates recommendations regarding the key elements of effective nutrition policies including scope, guiding principles, format, key inclusions (content), development processes, governance, implementation, timelines, monitoring and surveillance, evaluation and review to guide the development of a new comprehensive National Nutrition Policy for Australia.

Methods

The three main steps of the scoping study were:

1. Comprehensive search and review of peer-reviewed and grey literature in a systematic and transparent manner to identify the:

- diet-related health issues currently in Australia; and
- key elements and findings of the evaluations of existing Australian (from 1992) and relevant international (from 2002) nutrition policies and strategies (policy actions).

2. Comprehensive analysis of current diet-related population health issues in Australia, analysis of any gaps in nutrition policies, and the barriers and enablers for the development and implementation of effective nutrition policies and strategies; and

3. Formulation of clear recommendations (based on key findings) for the development of a new comprehensive national nutrition policy for Australia.

The literature reviewed included reports by government authorities, authoritative national and international health agencies and peer-reviewed journal articles including systematic reviews. Over 15,700 abstracts and 389 full reports were assessed, with the findings based on analysis of over 170 included documents.

The review took a whole-of-population approach and considered evidence relating to the health needs of all Australians. Amongst other relevant topics, the study reviewed literature relating to:

- improving knowledge and skills to enable consumers to choose a healthy diet;

- creating a safe and nutritious food supply that provides affordable, accessible and acceptable food;
- reducing the burden of nutrition-related ill health in the whole population, including disadvantaged and vulnerable groups; and
- establishing an effective food and nutrition monitoring and surveillance system.

Of the 34 member countries of the Organisation for Economic Co-operation and Development (OECD), 30 current national nutrition policies were identified for 21 countries¹. Twenty-six evaluations of national nutrition policies² and four economic evaluations of nutrition policy actions in OECD countries were identified. For Australian States and Territories, 29 current nutrition policies, strategies or interventions were identified along with 29 relevant evaluations.

Key findings

Current diet and nutrition issues in Australia

Australians enjoy an abundant and safe food supply, and the widest range of food and beverage choices in history (AIHW 2012). Yet the majority of Australians now suffer from at least one diet-related health condition (NHMRC 2013). Diet is now the single most important behavioural risk factor affecting health (NHMRC 2013). Although it has never been assessed rigorously, poor diet is estimated to be responsible for at least 16% of the total burden of disease in Australia, more than double that due to cigarette smoking (Strategic Inter Governmental Nutrition Alliance (IGNAL) 2001; Queensland Health 2006; NHMRC 2013). Poor diet was implicated in more than 56% of all deaths in 1992 (Crowley S et al. 1992) and this figure is likely to be higher now, although more recent data are lacking (NHMRC 2013).

Currently cancers, about 30% of which are caused by poor diet, are Australia's leading cause of disease burden (19%), followed by cardiovascular disease (16%) for which diet is also a major causal factor (AIHW 2010; Begg S et al. 2007; NHMRC 2013; Strategic Inter Governmental Nutrition Alliance (IGNAL) 2001). More than one-third of all premature deaths in Australia are the result of chronic diseases that could have been prevented (AIHW 2010).

Recent measured data shows that 69.7% of men, 55.7% of women and 25% of children in Australia are overweight or obese (ABS 2013a). 27% of adults are obese, which is fifth highest of the OECD member countries (ABS 2013a).

Most of the burden of disease due to poor nutrition in Australia is due to:

- excess intake of energy-dense, relatively nutrient-poor foods and drinks high in saturated fat, added sugar, salt and/or alcohol ('discretionary choices'); and/or
- inadequate intake of those minimally-processed, nutrient-dense foods associated with decreased risk of disease, such as vegetables, fruit and wholegrain cereals (NHMRC 2013).

Both the quality and quantity of foods and drinks consumed have significant impacts on the health and wellbeing of individuals, society and the environment (NHMRC 2013).

¹ OECD member countries included are Australia, Belgium, Canada, Czech Republic, Denmark, European Union, France, Hungary, Ireland, Israel, Italy, Japan, New Zealand, Norway, Sweden, Denmark, Finland and Iceland, Spain, Switzerland, the United Kingdom (specifically England and Scotland) and the United States of America. Also included are two multi-country regions- Nordic countries and the European Union. Multiple nutrition policies since 2002 were identified for Denmark, France, the United States of America and the European Union.

² Evaluations are included from Australia, France, Japan, New Zealand, Nordic countries (Norway, Sweden, Denmark, Finland and Iceland), Portugal, Slovenia/Slovak Republic, the United Kingdom (England and Scotland) and the United States of America, and regions or multiple countries including the European Union.

Some sections of the community, including Aboriginal and Torres Strait Islander people, the very young, the very old, those living with disabilities, those residing in remote areas, people from culturally and linguistically diverse groups and those in lower socioeconomic groups, suffer higher rates of diet-related ill health than other Australians (AIHW 2012; AIHW 2013; NHMRC 2013). Food security³ is a challenge for some vulnerable groups. Deficiency of some nutrients including iodine, folate, iron and vitamin D is also a concern for some groups (NHMRC 2013). Social determinants of health and nutrition status are important considerations for nutrition policies and these are discussed in Chapter One of this report.

Costs and projected trends

The most recent available estimate of the total cost of poor diet in Australia was more than \$5 billion per year, based on 1990 costings (Crowley S et al. 1992). Although more recent data are lacking, the current cost of poor nutrition in Australia is now likely to greatly exceed this figure, given the direct and total costs of obesity alone have been estimated respectively to be \$8.3 billion per year (Access Economics 2008) and \$37.7–\$56.6 billion per year (Colagiuri S et al. 2010; Medibank Private Ltd 2010).

Since the 1970s, the prevalence of overweight and obesity has increased significantly in most developed countries including Australia (CSIRO and UNISA 2008; NPHT 2009; WHO 2004). In Australia the prevalence has increased by greater than two percentage points in just the last four years (ABS 2013a). Although there is some evidence that the rate of increase among children appears to be slowing (Olds TS et al. 2010; Rokholm B et al. 2010), the high and increasing prevalence of obesity remains of great concern (Harvard School of Public Health). If current trends continue in Australia it is estimated that 83% of men and 75% of women aged 20 years or more will be overweight or obese by 2025 (Haby M and Markwick A 2008). The predicted increases will significantly affect disease burden and health care costs, mostly due to increased incidence of Type 2 diabetes. Type 2 diabetes is expected to become Australia's leading cause of disease burden by 2023 (AIHW 2010) costing \$7 billion per year by then (Begg S et al. 2007). As a proportion of Gross Domestic Product (GDP), the Productivity Commission has estimated that health spending will increase by 78% between 2009–10 and 2049–50, partly due to the expected rise in preventable diet-related chronic diseases (Productivity Commission 2010).

These predictions are complicated by a global environment in which population growth, climate change and rising food prices threaten food security (FAO 1996; PMSEIC 2010).

Reducing the burden of diet-related ill-health in Australia

The Australian Dietary Guidelines make clear, evidence-based recommendations about the dietary patterns required to reduce the risk of diet-related ill health and increase population health and wellbeing (NHMRC 2013). Adherence to dietary recommendations in Australia is generally poor (Ball K et al. 2004; NHMRC 2013). Compared to the most recently available national dietary data, Australians' intakes of fruit, most vegetables, wholegrain (cereal) foods, milk, yoghurt, cheese and alternatives (preferably reduced fat varieties for those over 2 years of age) and lean poultry, fish, eggs, nuts and seeds and other meat alternatives are below recommended levels. However, intakes of 'discretionary choices' high in saturated fat, added sugar and salt and alcohol exceed recommendations (ABS 1998; ABS 1999; CSIRO and UNISA 2008). 'Discretionary choices' contributed more than 35% of adults' daily energy intake when last assessed in 1995 (Rangan AM et al. 2009) and 41% and 36% of the total daily energy intake of 2–18 year olds respectively in 1993 and 2007 (AIHW 2012; Rangan et al. 2011).

³ Food security is achieved when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet dietary needs and food preferences for an active and healthy life (Based on the Food and Agriculture Organisation definition, 1996).

Influences on diet, nutrition status and health

Making dietary improvements can be challenging, and influences on dietary choices are extremely complex. These include individual factors, but societal, economic and environmental factors are also important (NHMRC 2013). Among these factors are access to and availability and affordability of healthy food, which depends on income, education, cultural influences and lifestyle, language, gender and other genetic differences, isolation (geographic, social or cultural), age and disability, the security and standard of accommodation, employment and workforce systems, and the availability of health services. Inequitable access to resources and opportunities contributes significantly to the disparities in diet-related health (NHMRC 2013). For example, in Australia a healthy diet costs 40% of the disposable income of a welfare dependant family compared with 20% for families on the average income (Kettings et al. 2009; Williams 2010; Wong et al. 2011). Healthy foods cost around 30% more in rural and remote areas than in capital cities (Harrison et al. 2010). About 5% of the Australian population and 24% of Aboriginal and Torres Strait Islander people report food insecurity every year (AIHW 2012).

The World Health Organisation has described an 'obesogenic' environment, where increasing weight and poor nutrition are the normal physiological responses to what is now an abnormal food environment (WHO 2000). Many people, particularly those from socio-economically disadvantaged groups, lack sufficient resources and capacity to make healthy dietary choices in this adverse environment (NHMRC 2013). This is exacerbated as, on the basis of energy content, healthy diets tend to be more costly than unhealthy diets (Drewnowski 2005) and this disparity is increasing in Australia (Harrison et al. 2010).

Key barriers to the adoption of dietary patterns consistent with the Australian Dietary Guidelines (AIHW 2012; NHMRC 2013) include:

- Excessive availability, accessibility, affordability and advertising of 'discretionary choices';
- Relative lack of accessibility, availability, affordability and promotion of healthy choices;
- Poor nutrition awareness, attitudes and knowledge in some sections of the population;
- Low levels of food literacy;
- Changing work patterns, with more women in the workforce contributing to greater income but less proportion of available income spent on food;
- Time pressures and increasing reliance on convenience foods;
- Increasing number and variety of restaurants including fast food chains (quick service restaurants). For example, by 2007 an estimated 17,000 outlets sold more than 1.64 billion meals and takeaways per year (BIS Shrapnel 2009); and
- Conflicting messaging, including heavy marketing of 'discretionary choices' choices, and rampant misinformation about food, diet and health within the media and broader community.

Dietary intake is affected by the available food supply, which is affected by the environment. Environmental sustainability must be addressed to ensure that the food supply supports choices consistent with the dietary guidelines both now and into the future (NHMRC 2013; PMSEIC 2010). Conversely, dietary choices can impact on the environment, and the importance of sustainable food choices is likely to increase with climate change, population growth and increasing scarcity and erratic supply of water resources (PMSEIC 2010).

The need for a new National Nutrition Policy in Australia

The evidence identified in this scoping study confirms that a new comprehensive nutrition policy is required urgently in Australia to address the high and increasing rates of diet-related disease and risk factors, including overweight and obesity, and to promote the health and wellbeing of the population, particularly vulnerable groups. A national nutrition policy would aim to increase

Australia's health, wellbeing and prosperity, improve nutrition, and reduce the incidence and prevalence of diet-related risk factors and diseases amongst all Australians.

The objective evaluations reviewed in the scoping study confirm that nutrition interventions can be effective. Regulatory and legislative policy reforms, such as fiscal measures and advertising controls are potentially cost-saving and most effective. Other food supply initiatives and some mandatory nutrition labelling schemes are both more effective and cost-effective than traditional communication/education information-related behavioural interventions. High level government policy is required to progress those nutrition interventions that are potentially most effective.

The scoping study found that the Australian Food and Nutrition Policy was ahead of its time when developed in 1992 and that the underlying principles and most objectives still reflect contemporary best-practice. However additional objectives are required and the strategies (policy actions) need updating to reflect contemporary best-practice aligned with the evidence base on effective nutrition interventions.

A revised policy document should also include those evidence-based nutrition strategies currently being implemented in Australia that are not reflected in the 1992 document. These strategies include product reformulation under the Food and Health Dialogue, social marketing campaigns, and food supply strategies in schools and health care settings. The successful implementation and evaluation of such initiatives in Australia has informed the international evidence-base, as will the evaluation of the National Partnership Agreement on Preventive Health, so it is imperative that the National Nutrition Policy recognises and reflects these innovations.

Further, the scoping study found that the development of the Australian Food and Nutrition Policy in 1992 stimulated the development of complementary nutrition policies in most State and Territory jurisdictions. Review of these policies confirms consistency with national evidence-based policy instruments including the NHMRC Dietary Guidelines, the Infant Feeding Guidelines for Health Workers and the Australian Guide to Healthy Eating. Therefore, it would not be unreasonable to expect that the development of a new national nutrition policy may stimulate renewed effort in nutrition policy throughout the country.

Finally, the findings of the scoping study support the notion that development, revision and implementation of evidence-based national nutrition policies are clearly more beneficial to health and more cost-effective than taking no action.

Gaps in current policy

The recommendations of authoritative government bodies such as the World Health Organisation (WHO 2000) together with consideration of the current food and nutrition policy environment in Australia (AIHW 2012) and the conceptual framework for Australia's food and nutrition system (AIHW 2012) informed a comprehensive nutrition policy framework against which the elements of this review have focussed.

A major finding of this scoping study is that there are few examples of quality, multi-strategy, co-ordinated, inter-sectoral evidence-based nutrition policies being implemented internationally. Given this, it is not surprising that rates of obesity and chronic diet-related conditions are increasing globally. In particular, as detailed below, there is relatively little focus on:

- Food supply initiatives, particularly those targeting decrease in availability, affordability and accessibility of 'discretionary choices';
- Contemporary communication strategies, especially those targeting decreased consumption of 'discretionary choices';
- Development of supportive social and physical environments for healthy eating;

- Targeted strategies for vulnerable groups;
- Action in the area of environmental sustainability, particularly around the effect of food demand on environment sustainability;
- Evaluation frameworks, including process, impact, outcome and economic evaluation, particularly of higher-order policy approaches;
- Effective, comprehensive, co-ordinated food and nutrition monitoring and surveillance systems (in some countries); and
- Food safety issues, which are included in only 26% of OECD member country nutrition policies and tend to be included in recent food industry development policies.

The scoping study found that despite being potentially the most cost-effective approaches, regulatory and legislative reforms are also rarely included in national nutrition policies. While 26% of national policies include voluntary, self-regulatory controls on energy-dense, nutrient-poor 'discretionary' food and drink advertising to children, only three apply mandatory restrictions. Among fiscal interventions, differential taxation, subsidies and more targeted social security interventions are included in only a small proportion of national policies. 35% of national nutrition policies include food labelling initiatives, but few of these are for interpretative front-of-pack labelling schemes that are most effective.

All nutrition policies include education strategies targeting dietary behaviour. While all promote consumption of healthy foods, only 44% target reduced consumption of 'discretionary choices'. Less than 40% of countries conduct contemporary nutrition social marketing; other than salt campaigns, no nations currently market the necessary "eat less" messages. Similarly, although 83% of national nutrition policies include food supply initiatives, only 30% of these address the availability, affordability and accessibility of 'discretionary choices'. Just 18% of international policies include actions to improve social and physical food environments. Only 35% of countries include measurable targets and goals in nutrition policies. There is a strong focus on schools and health-care settings, and until recently few strategies target sectors that promulgate conflicting dietary messages, such as fitness/wellness, food and catering industries.

Australia is one of only five countries/regions⁴ that identify environmental sustainability of the food supply as a key principle. Australia and Canada are the only two countries that identify the need to address diet-related health inequalities of indigenous groups. Most (78%) of countries include nutrition strategies that target children. Other vulnerable groups targeted include infants (57%) (mainly through breastfeeding promotion), pregnant and lactating women (48%), lower socio economic groups (44%) and older people (9%).

When assessing effectiveness of nutrition policies, the scoping study found that the bias in the types of nutrition strategies (policy actions) implemented globally and the paucity of systematic, objective process, impact, outcome and economic evaluations are both highly problematic.

All international policies recognise the need for quality food and nutrition monitoring and surveillance systems. 100% regularly report on diet-related health outcomes and 86% regularly assess food and nutrient intake. However none benchmark or monitor aspects of broader social and physical food environments such as availability, affordability, accessibility or advertising and promotion of healthy and 'discretionary' choices. In Australia, the scoping study found that an integrated monitoring and surveillance system is lacking; the available food, dietary and nutrition data in Australia generally tend to be of low quality and are outdated. The findings show that Australia is one of only three OECD countries that do not monitor the food and nutrient intake of the

⁴ Others are New Zealand, France, Switzerland and the European Union.

population on a regular basis. The evidence shows that implementation of an effective, comprehensive national food and nutrition monitoring and surveillance system would have many benefits.

The scoping study found that, compared to international policies, in most Australian States and Territories there is a stronger focus on food supply initiatives, contemporary social marketing campaigns (especially those promoting fruit and vegetable consumption) and Indigenous nutrition programs. Australian States are global leaders in the implementation and evaluation of mandatory food supply interventions in school and health-care settings. Notwithstanding this, gaps in nutrition policy approaches in Australian States and Territories tend to reflect international findings. While there is evidence of a high degree of collaboration and sharing of nutrition resources across Australian States and Territories, jurisdictions vary in their capacity to implement evidence-based nutrition policies, strategies and interventions and to conduct monitoring and surveillance and quality evaluations. Several nutrition strategies are evaluated at process level, but objective evaluation at impact and outcome level, and assessment of cost-effectiveness, is much less common.

Barriers and Enablers of effective nutrition policies

The body of evidence identified in this scoping study highlights clear and consistent enablers and barriers to the development, implementation and review of effective nutrition policies. Common enablers include:

- Adoption of a multi-sector, preferably whole-of-government approach with strong governance mechanisms;
- Inclusion of a comprehensive range and mix of universal and targeted evidence-based policy actions (strategies) consistent with dietary guidelines;
- Inclusion of a co-ordinated, comprehensive food and nutrition monitoring and surveillance system with regular collection, analysis and reporting of data to inform decision-making and quality improvement;
- Inclusion of a quality evaluation framework, encompassing process, impact, outcome and economic evaluation;
- Political will for concerted, sustained effort;
- Inclusion of specific aims, goals and targets, focusing on nutrition and health outcomes; and
- Provision of a detailed implementation plan, including dedicated funding and resources, defined roles, responsibilities and timeframes.

Common barriers (beyond the reverse of the enablers above) include:

- Conflict of interest amongst stakeholders including elements of the food industry;
- Lack of willingness to adopt strategies that decrease the availability, accessibility, affordability and marketing of 'discretionary choices' high in saturated fat, added sugar and salt and alcohol;
- Lack of high-level recognition of need for comprehensive, coordinated national nutrition policies and perceived lack of effectiveness (confusing little action/lack of quality evaluation with lack of effectiveness);
- That nutrition issues tend to get 'lost' or are perceived as being 'too difficult' in broader preventive health policy approaches;
- The efforts of 'wellness' industries that embrace conflicting messaging and non-evidenced based approaches to population health improvement; and
- Lack of dedicated funding and resources to support effective implementation and objective evaluation.

Recommendations

The key findings of this scoping study, together with consideration of the current food and nutrition policy context in Australia, were applied to form the following recommendations for the development of a new National Nutrition Policy for Australia.

Recommendation 1.

Four key principles should inform the National Nutrition Policy for Australia:

- **Food⁵, nutrition and health;**
- **Social equity;**
- **Environmental sustainability; and**
- **Monitoring and surveillance; evaluation and review.**

Rationale: Based on the findings of the scoping study, it is recommended that these four principles form the scope of the National Nutrition Policy as they:

- Are commensurate with contemporary international best practice in nutrition policy development;
- Are consistent with the aims, broad objectives and key issues of the Australian Food and Nutrition Policy 1992 for which the evidence-base has strengthened over the last twenty years; and
- Cover the depth and breadth of the issues addressed in effective nutrition policies.

These principles encompass two of the three WHO recommended national nutrition policy pillars: ‘nutrition’ and ‘sustainable food supply’. The third policy pillar ‘food safety’ is encompassed within the National Food Plan in Australia and may be considered out of scope for the National Nutrition Policy.

Based on the findings of this review, the two additional recommended policy principles, ‘Social equity’ and ‘Monitoring and surveillance, evaluation and review’ are critical to effective national nutrition policies and essential enablers for success. A focus on social equity can help reduce diet-related health inequities as overall health outcomes are improved. This is achieved by including targeted strategies to improve the availability, accessibility and affordability of healthy food and the food and nutrition knowledge and skills of vulnerable groups. An effective, co-ordinated national food and nutrition monitoring and surveillance system that encompasses policy evaluation and review is essential to provide quality and timely data to inform policy and practice, to monitor trends, to identify emerging risks, to enforce food regulation, to identify barriers and enablers to healthy eating and to evaluate policy performance. Key elements of such a system are included in Chapter 5 of this scoping study.

The findings also confirm that in nutrition there has been relatively little action to improve social equity or environmental sustainability, and a focus on these foundation principles may promote concerted effort in these important areas.

The body of evidence reviewed in the scoping study confirms that adherence to each of these four principles is critical to success because:

- Food, nutrition and health are fundamental to improving the health outcomes of all Australians;
- Social equity is essential to reduce diet-related health disparities;
- Environmental sustainability is critical to ensure the supply of healthy foods both now and into the future; and
- Monitoring, surveillance, evaluation and review are essential to produce quality, timely data to inform policy and practice.

These four principles underscore the aim to improve health, wellbeing and prosperity by improving nutrition and reducing the rates of diet-related disease among all Australians.

The goals of a national nutrition policy should articulate these principles and can be summarised as:

1. To increase the proportion of Australians consuming dietary patterns consistent with the Australian Dietary Guidelines;
2. To improve diet and nutrition in vulnerable groups and reduce related health disparities;
3. To secure an environmentally sustainable food and nutrition system that promotes health and wellbeing both

⁵ To be consistent with the evidence of effective policies identified in this scoping study, the term “food” implicitly covers three concepts of: food supply; food literacy and nutrition education; and social and physical food environments.

- now and into the future; and
- To implement effective, coordinated food and nutrition monitoring and surveillance and information systems to track progress and inform the evidence base for policy and practice.

The findings of the scoping study support full adoption of Recommendation 1 as adherence to these principles and supporting goals will provide the foundation for developing strategies that will reduce the prevalence of diet-related chronic diseases and improve health outcomes for all Australians, including those who are more vulnerable to poor nutrition.

Recommendation 2:

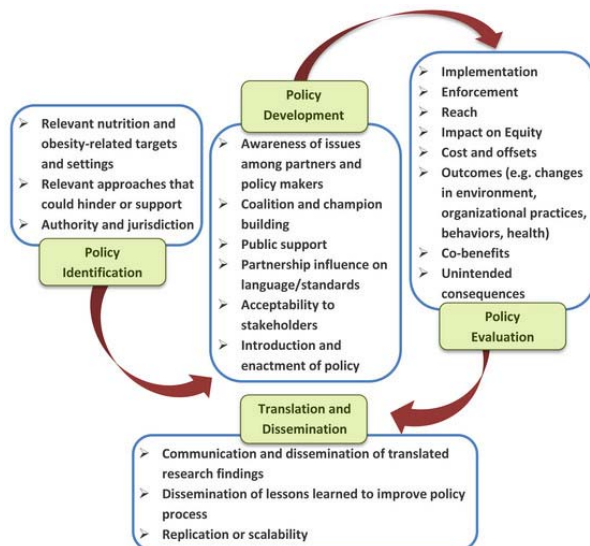
The National Nutrition Policy should be guided by the recommendations of the World Health Organisation for national nutrition policies and the framework for effective policy action developed by the United States Nutrition and Obesity Policy Research and Evaluation Network.

Rationale: The scoping study found that those international nutrition policies that are consistent with WHO recommendations on the scope and inclusions of nutrition policies tend to have adopted a more comprehensive and effective approach. The evidence identified in the scoping study also supports the notion that the elements of the comprehensive NOPREN Framework (Figure ES.1) are highly relevant to Australia.

All the WHO recommendations are detailed in Chapter 5 of this scoping study report and have been embedded in these recommendations. When developing national nutrition policies the WHO advises to: set clear goals, targets, deliverables; respond to existing nutrition challenges; cover universal and targeted policies; consider vulnerable groups; include evidence-informed key interventions; specify roles and responsibilities; articulate operational plans and programs that work; consider capacity needs and competencies of workforce; outline adequate budget for implementation; and include monitoring and evaluation frameworks. The NOPREN framework and the WHO recommendations encompass the full range of strategies (policy actions) included in comprehensive nutrition policy frameworks.

In summary, the results of the quality evaluations of nutrition strategies considered in the scoping study support the need for multi-strategy, inter-sectoral nutrition policies. To be effective, the policy mix should include a focus on food supply interventions and provision of supportive and sustainable social and physical environments to foster healthy choices, in addition to information-focused nutrition promotion targeting behavioural change.

Figure ES1 Policy Development, Implementation and Evaluation Process



Source: US Nutrition and Obesity Policy Research and Evaluation Network (NOPREN) <http://www.nopren.org/home.html>

Recommendation 3:

The development process for the National Nutrition Policy should involve a broad range of stakeholders and enable all interested Australians to contribute.

Rationale: Based on the findings of the scoping study, it is recommended that the development of the National Nutrition Policy should involve a wide range of sectors and adopt consultative processes. This approach is commensurate with international best-practice and identified enablers of effective policies. The scoping study found that conflict of interest

amongst some stakeholders is a common barrier to effective nutrition policy action, and most effective, recent international nutrition policies have involved conflicted stakeholders in the implementation phase rather than during policy development. The evidence identified in the scoping study shows that responsibility for those nutrition policy actions that are potentially most cost-effective tends to fall outside the health-care sector (Sassi 2010) yet most national nutrition policies are still embedded within the health sector. The benefits of a multi-sector approach include increased stakeholder ownership and buy-in, enhanced communication and provision of a strengthened basis for securing resources, support, consistent messaging and implementation of evidence-based strategies.

Recommendation 4:

Development, implementation and evaluation of the National Nutrition Policy should be underpinned by strong whole-of-government governance mechanisms with cross sectoral and expert representation.

Rationale: Based on the findings of the scoping study, it is recommended that governance of the National Nutrition Policy should be across governments and sectors consistent with evidence of effective national policies and identified enablers and barriers to effective policy actions and quality improvement. The evidence is that whole-of-government approaches are the most sustained internationally. As there are several examples of best-practice nutrition policy approaches being discontinued following change in governments, a bi-partisan approach could enhance sustainability. The scoping study found that governance arrangements informed by expert advisory groups fosters sustained implementation action informed by the best available evidence. Similarly the evidence suggests that effective, dedicated governance structures can help focus activity to address important gaps in food and nutrition monitoring and surveillance and broader information systems.

Recommendation 5:

The National Nutrition Policy should set clear aims, goals, objectives and targets that are specific, measurable, achievable, realistic and timely.

Rationale: Based on the findings of the scoping study, aims, goals and objectives should be consistent with international recommendations and evidence informed practice. The aims and objectives of relevant contemporary international nutrition policies include: increasing health, wellbeing and prosperity; improving nutrition; reducing the incidence and prevalence of diet-related risk factors and diseases (including obesity); reducing diet-related health inequities; improving food and nutrition knowledge and skills; and attaining a safe, affordable, accessible, secure, fair, and environmentally sustainable food supply.

The body of evidence indicates that those national policies providing comprehensive and articulated aims, goals and objectives are the most sustained and effective internationally. Provision of measurable targets can be reported against to assess progress and inform quality improvement of policies. Without clear goals or measures of success there is no way to know whether initiatives are having their desired effect.

Among recommendations for inclusion in nutrition policies, the scoping study identified relatively little action globally to improve the food supply, or social and physical food environments, but found that these approaches can be the most cost-effective. There has also been relatively little action to improve the sustainability of the food supply and reduce the impact of dietary patterns on the environment, which is critical to ensure the supply of healthy food both now and into the future. The objective to improve the knowledge and skills necessary for Australians to choose a healthy diet should be retained from the 1992 policy, as it covers the education/communication actions common to all nutrition policies internationally. Better research evidence is required to inform effective interventions, and a comprehensive food and nutrition monitoring and surveillance system is critical to inform policy and practice as outlined in the rationale for Recommendation 1 above.

While the body of evidence for each of the issues (food production, processing and distribution, nutrition knowledge and education) included in the 1992 Australian food and Nutrition Policy has strengthened over the last twenty years, the first two areas are now also addressed within the National Food Plan. Therefore, strong implementation linkages between the National Nutrition Policy and the National Food Plan are critical to ensure synergy and effective co-ordination in Australia (see also Recommendation 4).

Recommendation 1 provides the proposed aim and goals of the National Nutrition Policy. Based on the body of evidence identified in the scoping study, example articulated objectives for a new National Nutrition Policy could include:

- To improve the knowledge and skills necessary for Australians to choose a healthy diet;
- To improve availability, accessibility and affordability of healthy food;
- To improve social and physical food environments;
- To reduce the gap in dietary intake, nutrition status and diet-related health outcomes between the general Australian community and vulnerable groups;
- To improve environmental sustainability of the food supply and reduce the impact of dietary patterns on the environment;
- establish an effective, coordinated, food and nutrition monitoring and surveillance system that informs

policy and practice, encompasses regular evaluation and review of the nutrition policy and informs intervention research; and

- To enhance food and nutrition research, particularly to generate intervention evidence.

Aggressive targets are also needed to generate momentum for lasting behaviour change and to stop, and begin to reverse, the alarming trends in overweight and obesity. It may not be possible to set specific targets against aims and objectives at present in Australia because recent, quality data on food and nutrient intakes and diet-related health risk factors of Australian adults and children are lacking. However, these will be available from the Australian Health Survey reporting in 2013/14.

The goals and objectives should be set against measurable targets that are informed by the results of the Australian Health Survey, when available, and by Australian and International recommendations, standards and benchmarks.

Recommendation 6:

A comprehensive, multi-strategy approach should be adopted that includes interventions to:

- **improve the sustainable supply of healthy foods;**
- **promote healthy foods; and**
- **decrease the supply and promotion of “discretionary choices”.**

The strategy mix should be evaluated to determine effectiveness and reviewed regularly.

Rationale: The evidence from the scoping study shows that a comprehensive, multi-strategy approach is required to address complex issues of food, nutrition and health. Dietary improvements addressing under-nutrition throughout the past 80 years have contributed globally to decreasing morbidity and mortality from infectious disease and specific nutrient deficiencies. However all available recent evidence shows increasing rates of diet-related chronic diseases and obesity. While there is evidence that specific nutrition policy actions are effective, the rates of diet-related risk factors, like overweight and obesity, and diet-related chronic diseases are increasing. Clearly concerted action and more effective implementation of interventions to improve dietary intakes are urgently required.

Amongst recommendations for inclusions in nutrition policies, the scoping study identified relatively little action to improve the food supply, or social and physical food environments, but found that these approaches can be the most cost-effective. The comprehensive range of policy actions recommended reflects the need for more action in these areas as well as the implementation of quality communication/education initiatives. Evidence supports the clear need to decrease the availability, accessibility, affordability and promotion of unhealthy foods and drinks ('discretionary choices'), as well as increase the promotion and supply of healthy foods. It is fundamental to ensure environmental sustainability of the food supply to ensure provision of healthy dietary choices both now and into the future.

Without regular review and evaluation of nutrition policies and their component strategies, it is not possible to assess progress and improve approaches and outcomes. The scoping study found that a stronger focus on actual behavioural change rather than changes in knowledge, attitude or intentions is required in evaluation programs. Better targeted quality research activity is needed to generate evidence to better inform effective nutrition interventions. A comprehensive national food and nutrition monitoring and surveillance system is critical to inform policy and practice as outlined in the rationale for Recommendation 1 above.

Based on the evidence identified in the scoping study, strategies addressing vulnerable groups should be included under each objective, and example strategies articulated under each of the objectives as presented in Chapter 5 of this scoping study report.

Recommendation 7:

Develop a National Nutrition Implementation and Action Plan that details funding and resourcing commitments, including capacity-building initiatives.

Rationale: The WHO recommends that detailed action plans should be developed to guide implementation of national nutrition policies, including strengthening partnerships, establishing advisory and coordination mechanisms and improving knowledge. The value of this recommendation is supported by the scoping study findings that concerted nutrition action throughout Australian jurisdictions was stimulated by the development of Eat Well Australia and the National Aboriginal and Torres Strait Islander Food and Nutrition Strategy (NATSINSAP) in 2000. However review of current national and State and Territory policies, strategies and interventions in this scoping study and the evaluation of NATSINSAP suggest that insufficient funds, resources and capacity have been provided for effective implementation throughout Australia. This is a common finding internationally. The scoping study found that States and Territories vary greatly in their capacity to implement effective nutrition policy actions, monitoring and surveillance and evaluation, or to address key barriers identified in the scoping study,

such as tackling conflicting messages in the broader community.

To address key barriers to effective national nutrition policies identified in the scoping study, it is critical that dedicated resources be provided to support implementation and evaluation.

International capacity building initiatives identified in the scoping study include workforce initiatives, such as professional development and undergraduate/postgraduate training programs in evidence-based food and nutrition knowledge and contemporary nutrition promotion, including throughout sectors beyond health and education such as the food industry, fitness and 'wellness' industries, child-care, non-government and media sectors.

As with other strategies, effective capacity building initiatives should include strategies for vulnerable groups in a range of settings. The need for increased capacity in food and nutrition intervention research, monitoring and evaluation is clearly supported by the body of evidence identified in the scoping study.

The scoping study found that the most effective national nutrition policies were those that were supported by strong inter-sectoral partnerships with clearly articulated roles, responsibilities and reporting commitments.

Recommendation 8:

The National Nutrition Policy should be readily accessible to all stakeholders, should cover a 10 year period and be reviewed after the first 5 years.

Rationale: The scoping study found that sustained access to attractive policy documents and provision of adequate and appropriate detail to guide stakeholder action is critical to uptake, 'buy-in' and ownership, and to potentially increase recognition and life of the policy. Some policy documents were difficult to access in electronic format as they had been removed from the internet; this appears to be a risk following change in some government administrations. Most countries with long term national nutrition policies produce both full and summary documents that are available online and are also printed in hard copy format.

The scoping study found that the timing of national nutrition policies and review should be sufficient to allow for implementation and to remain relevant, but not so long as to sink into obscurity. Consideration of political cycles and partisan ownership are required. Most effective strategies have been reviewed and strengthened at least every five years. Effective co-ordinated food and nutrition monitoring and surveillance systems and comprehensive evaluations are essential to inform regular review, update and quality improvement.

Conclusion

The evidence reviewed in this scoping study confirms high and increasing rates of many diet-related risk factors and preventable chronic disease in Australia. In general it was found that the quality of Australian dietary and nutrition data is low. The 2011–13 Australian Health Survey (ABS 2013a) is collecting quality data on food and nutrient intake, dietary behaviours and use of dietary supplements, and will provide a better understanding of the current diet and nutrition of all Australians. The release of detailed data is expected in late 2013 for the general population and in mid-2014 for the Aboriginal and Torres Strait Islander population. However, the scoping study found that there is an urgent need for an integrated, effective, co-ordinated, national food and nutrition monitoring and surveillance system, rather than a survey program, in Australia.

The scoping study found that food and nutrition policies can positively influence population diet and health when they are based on good quality evidence. The evidence identified in this scoping study shows that better nutrition clearly has huge potential to improve public health, and benefit the economy and broader society in Australia. The study confirms that a new comprehensive nutrition policy is required urgently in Australia to address the high and increasing rates of diet-related disease and risk factors, including overweight and obesity, and to promote health and wellbeing of the population, particularly vulnerable groups.

The findings of this report provide the evidence on which to build effective long term nutrition strategies that will reduce the prevalence of preventable diet-related diseases and associated health system expenditure over time, and improve nutrition-related health outcomes for all Australians.

Summary of Recommendations

Recommendation 1:

Four key principles should frame the National Nutrition Policy in Australia:

- Food, nutrition and health;
- Social equity;
- Environmental sustainability; and
- Monitoring and surveillance; evaluation and review.

Recommendation 2:

The National Nutrition Policy should be guided by the recommendations of the World Health Organisation for national nutrition policies and the framework for effective policy action developed by the United States Nutrition and Obesity Policy Research and Evaluation Network.

Recommendation 3:

The development process for the National Nutrition Policy should involve a broad range of stakeholders and enable all interested Australians to contribute.

Recommendation 4:

Development, implementation and evaluation of the National Nutrition Policy should be underpinned by strong whole-of-government governance mechanisms with cross sectoral and expert representation.

Recommendation 5:

The National Nutrition Policy should set clear aims, goals, objectives and targets that are specific, measurable, achievable, realistic and timely.

Recommendation 6:

A comprehensive, multi-strategy approach should be adopted that includes interventions to:

- improve the sustainable supply of healthy foods;
- promote healthy foods; and
- decrease the supply and promotion of “discretionary choices”.

The strategy mix should be evaluated to determine effectiveness and reviewed regularly.

Recommendation 7:

Develop a National Nutrition Implementation and Action Plan that details funding and resourcing commitments, including capacity-building initiatives.

Recommendation 8:

The National Nutrition Policy should be readily accessible to all stakeholders, should cover a 10 year period and be reviewed after the first 5 years.