



**Public Health Association**  
AUSTRALIA

**Submission from the Public Health Association of Australia to  
the National Health and Medical Research Council**

**Dietary Guidelines**

Ms Marisa Bialowas  
Dietary Guidelines Project Manager  
Evidence Translation Section  
NHMRC  
GPO Box 1421  
CANBERRRA ACT 2601

Phone: 02 9217 9386  
Fax: 02 6217 9100  
Email: [dietaryguidelines@nhmrc.gov.au](mailto:dietaryguidelines@nhmrc.gov.au)

**16 December 2009**

## Contents

<b>Public Health Association of Australia .....</b>	<b>3</b>
<b>Background.....</b>	<b>4</b>
<b>Terms of Reference.....</b>	<b>4</b>
<b>Introduction.....</b>	<b>5</b>
<b>PHAA use of the Dietary Guidelines and Food Selection Guide.....</b>	<b>5</b>
<b>Food supply chain approach.....</b>	<b>6</b>
<b>Performance .....</b>	<b>6</b>
<b>Conclusion .....</b>	<b>8</b>
<b>Attachments .....</b>	<b>8</b>
<b>References.....</b>	<b>9</b>

# Submission to National Health and Medical Research Council

## Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

The PHAA is a national organisation comprising around 1500 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The PHAA has been a key proponent of a preventive approach for better population health outcomes, championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and NHMRC in their efforts to develop and strengthen research and actions in this area across Australia.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the national organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the *Australian New Zealand Journal of Public Health* draws on individuals from with the PHAA who provide editorial advice, review and who edit the Journal.

In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all aspects of government and promoting key policies and advocacy goals through the media and other means.

# Submission to National Health and Medical Research Council

## Background

The Dietary Guidelines provide advice to the general population about healthy food choices, addressing issues such as balance and variety in the diet, eating enough vegetables, fruit, and cereal foods, healthy intakes of fat, salt, sugar, at times some specific limiting nutrients, and infant feeding. They represent the best consensus of scientific knowledge and public health advice currently available. Community concerns about food and nutrition may extend to issues far beyond those addressed in the Guidelines.

The NHMRC has invited comments on the Dietary Guidelines, including information on how organisations use the Guidelines and any areas that should be addressed in the revision of the Guidelines, including usability, format, presentation, and relevant literature. This information is to be considered in the review of the Guidelines.

The Public Health Association of Australia is grateful for the opportunity to provide comments and recommendations with regard to the Australian *Dietary Guidelines (DG)* and *Australian Guide to Healthy Eating (AGHE)*.

## Terms of Reference

The Dietary Guidelines Working Committee will oversee and provide expertise for the revision of Dietary Guidelines including:

- [Core food groups: The scientific basis for developing nutrition education tools \(1994\)](#)
- [Dietary Guidelines for Australian Adults \(2003\)](#)
- [Dietary Guidelines for Children and Adolescents incorporating the Infant Feeding Guidelines for Health Workers \(2003\)](#)
- [Dietary Guidelines for Older Australians \(1999\)](#)

and the development of new dietary guidelines for pregnant and breastfeeding women.

This will involve providing:

- input to the development and conduct of necessary literature reviews
- advice on the development of a consultation strategy
- input to the development of appropriate documents including guidelines, which will take into account:
  - the best available scientific evidence
  - comments provided by the broader community through public consultation
  - the needs of health service providers
  - any other relevant matter.

The committee's term of office is from 21 April 2008 to 30 April 2010.

# Submission to National Health and Medical Research Council

## Introduction

The PHAA works to promote and support health at a population level. This includes attention to the social, economic and environmental determinants of health, as well as to health promotion, prevention of disease and disability, recovery and rehabilitation.

Nutrition is a key factor in the prevention of disease and disability, which is a public health priority in Australia and is also one of the main objectives of the PHAA.

The NHMRC guideline development process establishes the gap between evidence and practice and produces simple communications that contribute to filling this gap. Consumers need credible and reliable nutrition information to make food choices [1]. Dietary guidelines and food selection guides provide sound, consistent, coherent, simple and clear dietary advice to be conveyed to the population by a range of organizations to improve nutrition literacy.

The PHAA expects the Australian Government to continue to review and promote population Dietary Guidelines and the food selection guide to improve public health, noting that the *fundamental aim of food and nutrition policy is to make healthy food choices, easy choices*”[2].

PHAA commends the Government for revising the entire set of nutrition policy instruments at this time and believes that resources should be set aside to ensure ongoing implementation and timely revision.

## PHAA use of the Dietary Guidelines and Food Selection Guide

The Dietary Guidelines for Australians provide advice to the general population about healthy food choices. They address issues such as balance and variety in the diet, eating enough vegetables, fruit, and cereal foods, healthy intakes of fat, salt, sugar, at times some specific limiting nutrients, and infant feeding. They represent the best consensus of scientific knowledge and public health advice currently available. Community concerns about food and nutrition may extend far beyond the health issues addressed by the Dietary Guidelines.

The PHAA uses NHMRC evidence-based guidelines to guide its policy development and advocacy activities. The PHAA regards the DGs and AGHE as the unequivocal dietary advice and uses them to define and encourage healthy eating behaviours through all of its food and nutrition-related policies and advocacy activities. The NHMRC process used to develop the guidelines enables PHAA to use the DGs and AGHE to give definitive advice and promote clear consistent dietary policy recommendations, including:

- Food, Nutrition and Health
- Breastfeeding
- Food and Nutrition Monitoring and Surveillance in Australia
- Food Security for Aboriginal and Torres Strait Islander Peoples
- Health Claims on Food
- Improving the Health of School-age Children and Young People

## Submission to National Health and Medical Research Council

- Promoting Healthy Weight: The prevention and management of overweight and obesity in Australia
- Marketing Food and Beverages to Children

PHAA advocacy activities which have utilized the NHMRC DG and AGHE recommendations to encourage public health include:

- A future of food –with an emphasis on protecting the environment and a sustainable food supply [3]
- The call for an Australian integrated food and nutrition policy
- Food Futures: An Australian Approach - Conference (Canberra, April 2010) (<http://www.phaa.net.au/FoodFuturesConference.php>)

### Food supply chain approach

The PHAA food and nutrition-related policy and advocacy agenda is broad and aims to encourage interventions to improve dietary patterns in Australia, from the promotion of healthy eating, food security, creating a supportive environment through regulation and enforcement, to ensuring a sustainable food supply. The PHAA urges that the updated guidelines take into account emerging scientific evidence and wider social and economic issues influence on food and health.

The health impact of food needs to be considered across the food supply chain, from trade to consumption. The relevance and dissemination of the guidelines for all stakeholders should therefore be considered during the revision process. Although the food industry (manufacturers, processors, advertisers, retailers, education and training, food service) is a major stakeholder, the health of consumers should be regarded as the priority.

### Performance

The PHAA encourages wider and ongoing dissemination and application of the DGs and AGHE than has previously been the case with new releases. This dissemination should occur through all levels of government and across priority stakeholders and target audiences. The WHO Global Strategy on Diet, Physical Activity and Health encourages governments to draw up national dietary guidelines, taking into account evidence from national and international sources. The performance indicators for this are:

- the existence of published guidelines
- clear mechanisms to disseminate dietary guidelines
- the percentage of the target population that received the national dietary guidelines [4].

Monitoring dietary change and factors determining consumption of foods in relation to

## Submission to National Health and Medical Research Council

nutrition recommendations is necessary for effective public health interventions [5]. Measuring the proportion of the population who meet dietary recommendations is essential [6]. Routine data collected for health surveillance is required [7]. There is currently no national food and nutrition monitoring and surveillance system.

The focus of the publications should be on end users. There is an opportunity to provide consistent common-sense advice that balances the review of scientific evidence on dietary patterns, food groups and nutrients. Dietary advice must communicate desirable dietary patterns, assist consumer food choice preferences between food groups and foods.

The PHAA recommends that the dietary guidelines include:

- a comprehensive overarching background document outlining the scientific basis for the DGs and incorporating the food selection guide
- an emphasis on food and nutrition rather than specific disease states: clear, simple and consistent food-based recommendations
- a consideration of environmental sustainability and food security issues
- a series of simple communications for consumers based on life stage
- broad food-based dietary guidelines with simple directive statements, utilising appropriate language to motivate change in line with desired behaviours, eg. avoid added sugar intake
- specific recommendations, yet broad enough to include application to the increasing number of foods available
- a practical advice component
- flexible delivery of information, including online and interactive
- a link with the food regulation system and analysis packages developed to assist assessment of compliance with the recommendations, eg, food group analysis on the nutrition panel calculator similar to those used with the American MyPyramid Food Guidance System [8-10]
- language that is directive and clear enough to allow nutrition to be mainstreamed into the food regulation system and as such will be used as a practical tool to guide public health food regulatory decision [11]
- a general population approach, therefore beneficial to most
- a priority on the overarching principle of eating and enjoying a wide range of nutritious foods: due to the social benefits of eating, the synergistic nature of foods for health benefit, the evidence supporting dietary patterning, to encompass various eating styles, availability of foods etc.

The PHAA recommends that the food selection guide provide:

- clear definitions and intent, types and amounts around the role of ‘sometimes’ and ‘other foods’ or occasional foods in order to assist with policy development and application by stakeholders
- specification of the types and amounts of foods for specific age groups (life course)
- clear definitions of portion size
- clear and specific recommendations for beverages
- use of household measures and graphical representations

## Submission to National Health and Medical Research Council

- incorporation of energy density messages, including energy-dense, nutrient poor
- recommendations that can be drilled down to determine targets and priorities for action
- practical household food preparation information
- environmentally friendly options
- clear indications of optimal food intake
- stand-alone consumer resources
- targeted materials for priority stakeholders
- the ability to withstand the corruption of the food supply and the environment by novel and/or fake foods

### Conclusion

The PHAA believes that the dietary guidelines play an extremely important and fundamental role in efforts to improve nutrition and public health. It is therefore crucial to ensure that the guidelines are evidence-based, comprehensive, appropriate, user-friendly, are communicated appropriately, and are subject to routine and systematic monitoring. The PHAA is happy to be contacted in relation to the provision of additional input at any stage during the review and revision process.



16 December 2009  
Michael Moore BA, Dip Ed, MPH  
Chief Executive Officer  
Public Health Association of Australia

### Attachments

PHAA Policies:

- FOOD AND NUTRITION MONITORING AND SURVEILLANCE IN AUSTRALIA POLICY
- IMPROVING THE HEALTH OF SCHOOL-AGED CHILDREN AND YOUNG PEOPLE POLICY
- FOOD AND HEALTH POLICY
- MARKETING OF FOOD AND BEVERAGES TO CHILDREN
- FOOD SECURITY FOR ATSI PEOPLES (JOINT WITH DAA)
- BREASTFEEDING
- PROMOTING HEALTHY WEIGHT

PHAA Publication:

- A FUTURE FOR FOOD

## References

1. Strategic International Nutrition Alliance, *Eat Well Australia: An Agenda for Action for Public Health Nutrition*. 2001, National Public Health Partnership: Canberra
2. Australian Government, *Food and Nutrition Policy*. 1992.
3. Public Health Association of Australia, *A Future for Food: Addressing public health, sustainability and equity from paddock to plate*, Public Health Association of Australia,. 2009. <http://www.phaa.net.au/documents/PHAA%20Report.pdf>
4. World Health Organization, *WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation*. 2008, World Health Organization,,: Geneva.
5. Schmidhuber, J. and W.B. Traill, *The changing structure of diets in the European Union in relation to healthy eating guidelines*. Public Health Nutrition, 2006. **9**(5): p. 584-95.
6. Bensley, L., J. Van Eenwyk, and B.A. Bruemmer, *Measuring fruit and vegetable consumption: providing serving size information doubles estimated percent eating five per day*. Journal of the American Dietetic Association, 2003. **103**(11): p. 1530-2.
7. Pollard, C., et al., *Changes in Knowledge, Beliefs, and Behaviors Related to Fruit and Vegetable Consumption Among Western Australian Adults, 1995 to 2004*. American Journal of Public Health, 2009. **99**(2): p. 355-61.
8. Britten, P., et al., *Development of food intake patterns for the MyPyramid food guidance system*. Journal of Nutrition Education and Behavior, 2006. **38**: p. S78-s92.
9. Marcoe, K., et al., *Development of food group composites and nutrient profiles for the MyPyramid Food Guidance System*. Journal of Nutrition Education & Behavior, 2006. **38**(6 Suppl): p. S93-S107.
10. Britten, P., et al., *MyPyramid food intake pattern modeling for the Dietary Guidelines Advisory Committee*. Journal of Nutrition Education & Behavior, 2006. **38**(6 Suppl): p. S143-52.
11. Lobstein, T. and S. Davies, *Defining and labelling 'healthy' and 'unhealthy' food*. Public Health Nutrition, 2008: p. 1-10.