

FOOD AND NUTRITION MONITORING AND SURVEILLANCE IN AUSTRALIA POLICY

The Public Health Association of Australia notes that:

1. Food and nutrition monitoring and surveillance (FNMS) in Australia has traditionally been ad hoc and uncoordinated. The only national nutrition surveys in the last 50 years included a survey of adults in 1983, children in 1985 and adults and children in 1995¹. In the absence of a coordinated national effort, other local or state/territory based surveys have been conducted at various times to supplement the national data²⁻⁴. Despite this, the nutritional data that are available for Australian policy and decision makers, researchers, teachers and other nutrition professionals are out of date, inconsistent, and no longer reliable.
2. The need for an ongoing, regular, comprehensive and coordinated FNMS system in Australia has long been recognised and identified as a priority by nutrition professionals⁵, yet funding and commitment to such an ongoing program by both federal and state/territory governments has, until perhaps recently, remained elusive.
3. Australia is unusual among its peers, in that it has no system for the collation of ongoing dietary data. The US, UK and many European nations have had systematic programs for FNMS for many years⁶⁻¹³. In 2001 New Zealand also embraced a 10 year plan of national nutrition surveillance with alternate surveys of children and adults every five years¹⁴.
4. The key information required from a FNMS system includes data on:
 - nutrition and health status;
 - food consumption patterns (including nutrient intake levels);
 - food supply and food security; and
 - food composition.
5. In 2005, as a result of the persistent calls by nutrition professionals, and more recently by the food industry, marketing sector, consumer organisations and the Australian and New Zealand Food Regulation Ministerial Council (ANZFRMC), the National Public Health Partnership on behalf of the Strategic Inter-Governmental Nutrition Alliance (SIGNAL) and with funding from Australian Government, commissioned Nexus Management Consulting to consult with key stakeholders, review selected international approaches and subsequently prepare a business case and framework for implementing a national FNMS system⁵.
6. During the preparation of the business case (the Nexus Report⁵) the Australian Government announced \$3M funding (\$1M each from the Department of Health and Ageing, the Department of Agriculture, Fisheries and Forestry, and the Australian Food and Grocery Council) for a national nutrition and physical activity survey of children

and young people, and an additional \$1M each year after that for an ongoing program that would also include adults and other key population groups¹⁵.

7. The tender for the children's survey was awarded to the Commonwealth Scientific Investigation and Research Organisation (CSIRO) and the University of South Australia¹⁶. The proposed data collection included:

- 24 hour food, drink and supplement intake recall;
- food habits questionnaire;
- measurement of height, weight and waist;
- 48 hour activity recall;
- pedometer measurement; and
- demographic and socio-economic data.

The sample was to include 4000 children aged 2 to 16 years from across all states and territories. The data were collected in 2007 and a report on the results has recently been released.

8. The release of the report on the Children's Nutrition and Physical Activity Survey further highlights the ongoing ad hoc approach to nutrition monitoring and surveillance in Australia. There is currently no clear indication of follow up reports and further analysis or interpretation of the data. Whilst the data is available for bonafide users to access, analysing the data is likely to be complex and technically challenging.
9. In 2007 the Australian Government announced \$10.6 M funding over the first 4 years of an ongoing national nutrition and physical activity survey program¹⁷. Under the proposed program, surveys are to be conducted on a nationally representative sample of the Australian population every 3-4 years. The first survey would target up to 14,000 adults aged 17 years and over. While this announcement is welcome, the proposal is contrary to that of the Nexus Report (i.e. conducting annual data collection with approximately 2000 participants, which is more manageable and can be built on over time) and ignores other elements of a FNMS system (e.g. apparent consumption, household expenditure and food security data)⁵. Delays in planning have occurred due to the change in government in late 2007; however key stakeholders are still concerned there is no proposal for an ongoing **system** of FNMS rather than one-off surveys (which may/may not be comparable, and may/may not include all relevant population groups).
10. A critical component of a national FNMS system is establishing a national coordination unit. This unit would have the necessary expertise for:
 - establishing ongoing, core data collection;
 - maintaining the expertise and experience of staff required to administer data collection as well as perform analysis, reporting and comparability of results;
 - establishing and receiving consistent rather than an ad hoc communication and advice from relevant experts in this field (of which there are only a few in Australia);
 - reducing the risk of large surveys being conducted by different groups under separate contracts without sufficient consideration of comparability of methods and data as happened with the 1983/85 and 1995 surveys (to ensure comparability of survey data, everything from sampling frameworks to food trading protocols requires consideration)¹⁸; and
 - ensuring inclusion and adequate data collection from specific communities or vulnerable groups such as Aboriginal and Torres Strait Islander communities.

11. The Nexus Report proposed the framework for a national FNMS system contain four key elements:

- food supply, e.g. food availability and composition of Australian foods;
- food purchasing/acquisition, e.g. food expenditure, food type, price and quantity of food purchased and food security;
- food and nutrient intake and physical activity behaviours, e.g. 24 hour recall and short questionnaire; and
- nutritional status, e.g. biological measures⁵.

12. Health professionals need FNMS data to enable informed decision-making regarding cost effective food and nutrition programs, policy and regulation. Such data would assist in:

- developing and regularly updating culturally and socially appropriate food and dietary guides;
- addressing barriers to healthy eating, accessing food necessary for healthy eating, and food security;
- assessing dietary and nutrient inadequacies and excesses thereby making nutrition promotion, chronic disease prevention, education and health promotion programs more accurately focused on areas of need;
- detecting changes in the composition of foods, overall diet, dietary behaviours and nutritional status of the whole and/or subgroups of the population, and whether these changes are associated with increased or decreased risk of morbidity, mortality, chronic disease and obesity;
- assessing risk of exposure to bioactive compounds in food, particularly those being added to theoretically improve the health of the population;
- assessing the use of nutritional supplements and their implications for nutritional intake, nutritional status and the health of the population;
- achieving more accurate risk analysis for developing food regulation policy and standards, including both voluntary and mandatory food fortification;
- enforcing food regulation, e.g. substantiating a nutrition or health claim; and
- guiding food industry research and development and innovation of new products⁵.

13. The cost of not having a regular FNMS system includes:

- an inability to monitor trends resulting in late or lack of detection of nutrition problems, emerging issues and risks in the community, e.g. the current obesity epidemic;
- an inability to assess achievement of objectives of national public health nutrition policies, strategic plans and programs that have used considerable resources to develop and implement;
- a reduced ability to appropriately develop, target and evaluate the outcomes of community and population based public health nutrition interventions;
- lack of nutrition and related health data for the most vulnerable sections of the community, and in particular Aboriginal and Torres Strait Islander groups, resulting in worsening health and nutrition inequities;
- food regulation policy and standard decisions being based on risk analysis using the increasingly out of date 1995 data, which means consumers may be exposed to unknown risks, and industry may not be able to innovate appropriately to meet consumer needs; and

- loss of corporate memory and skilled staff required for FNMS and an increasingly inadequate information base with which to make evidence based decisions⁵.
14. The lack of a well coordinated system in recent decades has led to:
- a lack of good quality, up to date, national and state/territory dietary data;
 - a range of state or locally based surveys that are similar but not consistent enough for effective comparison;
 - considerable hampering of efforts to update the key nutrition documents such as the Core Food Groups (1994), the Australian Guide to Healthy Eating (1998), and the Dietary Guidelines (2003);
 - cessation of the Apparent Consumption of Foods data series by the Australian Bureau of Statistics (ABS) due to a perceived, but mistaken, lack of interest;
 - delayed identification, communication and action regarding emerging, serious health issues such as the rapid increase in obesity during the '80s and '90s;
 - delayed identification of nutrient deficiencies such as the re-emergence of iodine deficiency in some parts of Australia; and
 - the discovery in 2007 of highly variable thiamine levels in bread products in Australia despite mandatory fortification with a specific amount of thiamine being introduced in 1991.
15. A core component of the FNMS system recommended by Nexus was the funding and establishing of a national, permanent and dedicated coordinating centre with four to five highly specialised and skilled staff, preferably based in the Australian Institute of Health and Welfare (AIHW) or the ABS. This centre would report to a Steering Committee comprising key stakeholders and funding bodies, that would provide direction, approve and monitor the work, and review reports. Technical Advisory Groups comprising experts including academics, researchers and jurisdictional representatives would provide advice on survey design, sampling, data analysis and reporting⁵.
16. The need for this governance system was identified to:
- ensure sustainability of the FNMS system;
 - capture the limited expertise there is for this work in Australia;
 - minimise the use of ad hoc and voluntary advisory groups comprised of people who do not routinely work in this area; and
 - eliminate the time (at least six months) and money it takes to ensure a skilled team is available whenever there is a new survey or other FNMS work.
17. Nexus Management Consulting estimated the basic cost of implementing an ongoing national FNMS system (including surveys with an annual sample size of 2000, and the coordinating centre) would be \$2-\$3M per annum. The initial survey cost as proposed in 2006 was just over \$2M with an increase each year to match inflation⁵. Obviously, as plans are further delayed, the cost of implementing such a system continues to increase.
18. While there has been a lot of talk and promise of funding from the Australian Government in recent years, and some surveys have been planned or conducted, there are still no plans for an ongoing FNMS **system** as opposed to large-scale, ad hoc surveys separated by irregular time intervals. There is no doubt such surveys are useful, but only an ongoing plan for regular surveillance can achieve the data required to promote and enable good nutritional health for all Australians.

The Public Health Association of Australia affirms:

19. The urgent need for funding and implementation of an ongoing FNMS system in Australia.
20. The seven recommendations made in the Nexus report for establishing a baseline FNMS system in Australia that could be built on over time, i.e.:
 - establish a continual, comprehensive dietary survey program that includes measurements of height, weight and physical activity;
 - reinstate the Apparent Consumption of Foodstuffs time series data;
 - strengthen the ongoing maintenance and updating of food composition data;
 - conduct routine secondary analysis of household expenditure data;
 - develop methods for monitoring community food access and food security;
 - develop short survey questions on selective food and physical activity behaviours, including breast feeding; and
 - include appropriate biological measures of nutritional status in the ongoing survey program⁵.
21. The establishment of a national, permanent, dedicated coordinating centre comprising four to five staff with specific skills in FNMS, including public health nutrition, data analysis and reporting, epidemiology and biostatistics⁵.
22. The need to establish an independent Steering Committee with representation from all key stakeholders, as well as technical and scientific expert advisory groups with skills in all areas of FNMS, to guide the development, implementation and evaluation of an Australian system, and advise on key performance indicators for monitoring trends in nutrition over time⁵.

The Public Health Association of Australia believes the following steps should be taken:

23. The Australian Government should use the funding promised in 2007 to establish an ongoing FNMS system **according to recommendations provided in the Nexus Report** rather than implementing large, individual surveys that may/may not be comparable, and may/may not include all key population groups. In order to achieve this, the Australian Government need to liaise and work with all relevant staff from state and territory jurisdictions. This will ensure all local and national data needs are met, as well as allowing opportunity for additional funds to be provided by jurisdictions according to the Australian Health Ministers Conference (AHMC) formula. This would assist in enabling longer term security for, and ownership of, a truly national FNMS system.
24. The Australian Government should defer day-to-day development, implementation and evaluation of such a system to a coordinating centre, under the guidance of an independent Steering Committee and technical/scientific expert groups that report to the relevant Ministerial Committees such as AHMC and ANZFRMC.

The Public Health Association of Australia resolves to:

25. Continue to advocate for the establishment of an ongoing Australian FNMS system according to recommendations from the Nexus Report, and hold the Australian Government accountable to promises made to fund and establish such a system.

26. This advocacy could include:
 - contacting relevant Members of Parliament and Ministerial Committees to give credit where credit is due for efforts and funds provided for FNMS, whilst continuing to reinforce the need for, and the cost of not having, an ongoing, well-coordinated and appropriately managed FNMS system; and
 - alerting the media to broken government promises where appropriate.
27. Continue to communicate with other public health and consumer groups to encourage additional advocacy efforts as well as assist with and enhance PHAA advocacy work.
28. Provide information and encouragement to PHAA members to advocate for relevant aspects of a FNMS system within their immediate work and professional circles, as well as being part of the broader advocacy efforts where time and position allow.

Adopted 2008

This policy was developed and adopted as part of the 2008 policy revision process.

References:

1. Webb, KL, Rutishauser, IH, Marks, GC et al. 2006. Nutrition surveys or surveillance: one-night stands or a long-term commitment? *MJA*:185 (5); 248-249.
2. Booth, ML, Denny-Wilson, E, Okely, AD, Hardy, LL. 2005. Methods of the NSW Schools Physical Activity and Nutrition Survey (SPANS). *J Sci Med Sport*: 8 (3); 284-293.
3. Booth, CK, Coad, RA. 2002. The 1998 army recruit health and diet survey. *Aust Mil Med*: 11(2); 63-70.
4. Abbott, RA, Macdonald, D, Mackinnon, et al. 2007. Healthy kids Queensland survey 2006 - summary report. Queensland Health, Brisbane.
5. Masters, G, Coles-Rutishauser, IH, Webb, K, et al. 2006. A national food and nutrition monitoring and surveillance system: a framework and a business case. Nexus Management Consulting, Sydney.
6. National Centre for Health Statistics. 2007. National Health and Nutrition Examination Survey. US Department Of Health and Human Services: Centres for Disease Control and Prevention. <http://www.cdc.gov/nchs/nhanes.htm> Accessed 2/06/08.
7. Chapman, N. 2005. Securing the future from monitoring the health, nutrition, and physical activity of Americans. *J Am Diet Assoc*: 105; 1196-1200.
8. Briefel, RR, Johnson, CL. 2004. Secular trends in dietary intake in the United States. *Annual Rev Nutr*: 24; 401-431.
9. Food Standards Agency. National Diet and Nutrition Survey. <http://www.food.gov.uk/science/dietarysurveys/ndnsdocuments/> Accessed 2/06/08.
10. Slater, JM (Ed). 1991. Fifty years of the National Foods Survey 1940-1990. Proceedings of a symposium held in December 1990. London: HMSO.
11. Ashwell, M, Barlow, S, Gibson, S, Harris, C. 2006. National diet and nutrition surveys: the British experience. *Pub Health Nutr*: 9(4);523-530.
12. Trichopoulou, A (Ed). 1992. Methodology and public health aspects of dietary surveillance in Europe: the use of household budget surveys. *Eur J Clin Nutr*: 46 Suppl 5; S1-S153.
13. Lisette, de Groot, ,van Staveren,, et al. Experience of the EURONUT-SENECA study in design, implementation, and data analysis. <http://www.unu.edu/unupress/food/V183e/ch05.htm> Accessed 2/06/08.
14. New Zealand Ministry of Health. 2003. Food and nutrition monitoring in New Zealand. *Public Health Intelligence Occasional Bulletin*, No.19. Wellington: Ministry of Health.
15. The Hon Peter McGauran MP (Minister for Agriculture, Fisheries and Forestry), the Hon Christopher Pyne MP (Parliamentary Secretary to the Minister for Health and Ageing). 13 September 2005. New \$3M project to help tackle childhood obesity. Media release: Australian Government.
16. Australian Government. May 2007. Kids Eat Kids Play: A national children's nutrition and physical activity survey. *Food Chain*: Department of Health Western Australia and Curtin University of Technology on behalf of SIGNAL: p22.
17. Australian Government. September 2007. National adults' nutrition and physical activity survey program. *Food Chain*: Department of Health Western Australia and Curtin University of Technology on behalf of SIGNAL: p22.
18. Cook, T, Rutishauser, IHE, Allsopp, R. 2001. The Bridging Study: Comparing results from the 1983, 1985 and 1995 Australian national nutrition surveys. The Australian Food and Nutrition Monitoring Unit: AusInfo; Canberra.