



**PUBLIC HEALTH ASSOCIATION**  
of Australia Inc

## **FOOD AND HEALTH POLICY**

*This document supports and is supported by other PHAA policy statements;*

- Improving Aboriginal and Torres Strait Islander People's access to the food they need for health
- Television food advertising during children's viewing times
- Prevention and management of overweight and obesity
- Genetically modified foods
- Health claims on food

*The Public Health Association of Australia notes that:*

1. Food is a human right. "Everyone has the right to a decent life, including enough food, clothing, housing, medical care and social services. Society should help those that are unable to work because they are unemployed, sick, disabled or too old to work. Mothers and children are entitled to special care and assistance (Universal Declaration of Human Rights UN 1948).
2. Australians have a right to expect to be food secure i.e. to have access nutritionally adequate and affordable food acquired in socially appropriate ways. The major determinants of food security are a nutritionally adequate, accessible and affordable local food supply. Factors specific to individuals are important; income, physical access and individual resources such as nutrition knowledge, budgeting and food preparation skills.
3. The provision of nutritious, affordable and accessible food should take into consideration the sustainability of natural resources both in Australia and in the countries from which we import food.
4. The rights of workers in the food industry area are an important consideration.
5. Unlike in the US and UK there has been no recent systematic public health assessment of the current food supply with particular reference to the production and availability of both nutritious foods and energy dense, nutrient poor foods. The most recent ABS data 1997-1998 assessment of the nutritional adequacy of the Australian food supply, showed that with the exceptions of thiamin and calcium, sufficient energy and all the nutrients

were available to meet nutritional needs of all Australians (Lester 1994 Pg 78).

6. With regard to physical access, in remote areas the supply of healthy foods continues to be poor (HFAB 2004). In rural areas food access may be compromised (Burns 2004a). In urban areas provided individuals have access to transport a nutritionally adequate diet is accessible and available (Turrell 2004, Winkler 2006, Burns 2005). However, those who do not own a car and are dependent on public transport may be food insecure (Burns 2005). Physical barriers may also compromise access for individuals with a disability (Sutherland 2002) and the elderly (Russell 1998). It is important that rural development and urban planning take into account the ease of food access for all residents.
7. Many studies, both overseas and in Australia, have investigated the possibility of 'food deserts' i.e. poor food availability in socio-economically disadvantaged areas. The results to date from two geographical areas in Australia do not indicate that poorer neighbourhoods have inferior food availability (Turrell 2005, Winkler 2006). However, the results of more comprehensive studies from other areas across Australia are pending. It is likely that blanket statements about area level socio-economic disadvantage cannot be made and the assessment of community food security in individual cities, towns and neighbourhoods is necessary.
8. Data from Healthy Food Access Basket (HFAB) Surveys indicates that in Queensland on average it costs \$ 395.28 to feed a family of 6 a nutritionally adequate diet for 2 weeks (HFAB 2004). This study indicates that the cost of the 'Healthy Food Basket' continues to be considerably higher in remote and remote locations in Queensland. From 2001 to 2004 the cost of the 'Healthy Food Basket' has increased by almost \$50 state-wide. Consumers now need to pay substantially more for basic healthy foods. Conversely, some less nutritious foods such as sweetened carbonated beverages, are now relatively more affordable. Higher prices are a potential barrier to acquiring food for good health among the socio-economically disadvantaged and other vulnerable groups.
9. There needs to be further investigation into the causes and effects of the increasing cost of basic healthy food compared to less nutritious alternatives. There should be regular and national monitoring of food cost as part of a comprehensive nutrition surveillance system for Australia. The regular monitoring of food costs would enable the determination of dietary budget standards for households of varying size and composition (Saunders 1998). It is important to develop these as benchmarks for social and public health policy.
10. Increasingly Australians are consuming foods prepared outside the home, 28% of total food expenditure is on food from restaurants, cafes, takeaway or fast food outlets (ABS 2006). From the most recent national nutrition survey (NNS95) (ABS 1997), a high consumption of foods prepared outside the home is associated with high intakes of saturated fat, sugar, salt, alcohol (in women) and low intakes of iron, fibre and calcium (Burns 2002). Changes in social and

economic conditions within Australia drive the continued demand for convenience foods. It is important that the choice of foods in out-of-home setting include foods that are nutritious and affordable. There should be regular monitoring of the cost and nutritional contents of convenience foods as part of a comprehensive nutrition surveillance system for Australia.

11. In the 1995 National Nutrition Survey of adults 16 years and over 5% of Australians reported being food insecure i.e in the previous year they had ran out of food and did not have enough money to buy more (ABS 1997). The frequency rose to 9% of persons in the areas of most disadvantage, 13 % of persons on low income and 16.5% of persons on low income who were aged 16-24 years (Wood et al, 2000). Food insecurity among Australians is associated with the consumption of a poor variety of foods (particularly plant foods), and a lower intake of major food groups required for health (Wood et al, 2001). While subgroups of the Australian population are at risk of malnutrition as a consequence of food insecurity, the literature also indicates a paradoxical link between food insecurity and obesity in women (Burns 2004). It is possible for over and under nutrition to co-exist in the same individual or household.
12. Income and lack of financial resources are a major determinant of food security. Poverty is a real issue in Australia. The current estimates for poverty in Australia range from 4.1 million to 1.5 million (The Commonwealth Government recently published the Report on Poverty and Hardship 2004 – “A hand up not a hand out” (Commonwealth 2004). Analysis of poverty trends from 1990 to 2000 indicated that in all but one study poverty rates in Australia did not decrease over the decade, in spite of the nation’s economic growth (Brotherhood of St Laurence 2002 ( [www.bsl.org.au](http://www.bsl.org.au)).
13. There is a dearth of information about malnutrition, obesity and the co-existence of the two conditions in vulnerable populations in Australia.
14. Increasing amounts of disposable income results in increased expenditure on food items, which at least for low income households has been associated with improved nutritional dietary quality and a greater proportion of diets meeting minimal acceptable levels of intake for various dietary constituents (Karp 2005).
15. The evidence is mixed regarding whether socially disadvantaged individuals and families do not eat a nutritious diet because of a lack of knowledge or education (Burns 2004b). Yet it must be noted that there is a currently lack of knowledge about food, food preparation and budgetary skills among Australians from all social strata (Worsley 2002). These food related skills should be accepted and promoted as necessary life skills. It is important that children, adolescents and young adults be supported in acquiring knowledge about food and food skills.

***The Public Health Association of Australia affirms that:***

16. All Australians should have access to healthy, affordable and acceptable food.

17. There should be national nutrition surveillance including regular national monitoring of the cost of both health enhancing and less beneficial foods.
18. Food and nutrition policies ensuring health goals as a top priority be developed at local, state and national levels and that these policies should integrate agricultural, economic, food production and distribution, social, educational, and environmental factors.
19. Taxation and subsidies should support ease of access for all healthy food.
20. All Australians should have education to ensure that they have knowledge about healthy foods, food budgeting and preparation skills.

***The Public Health Association of Australia believes that given the intersectoral factors impacting on the food and nutrition system for Australians the following actions should be supported by the Council of Australian Governments(COAG) and Strategic Inter-governmental Nutrition Alliance (SIGNAL) and Food Standards Australia and New Zealand (FSANZ).***

21. They should determine optimum levels of nutrient intake and explore the distribution of these levels amongst different socioeconomic groups.
22. They should monitor health behaviours and the long term effects of regular food access and food consumption patterns on health outcomes.
23. They should continue to support research into the extent and nature of the relationship between diet related health issues and inequity in Australia. A research priority should be the development of national, state and local public health interventions to ensure both community and individual food security.

***The Public Health Association of Australia believe the following action should be taken by Commonwealth, State, Territory and local Governments:***

24. They should take direct action at all levels to use their purchasing power in the market to ensure that the food supply under their control offers affordable nutritious food. This includes government catering organisations, hospitals, schools, daycare centres, welfare services and workplaces.
25. They should encourage the development of education programs about food in schools, in the community, in institutions and in the food industry that motivate people to either buy, prepare and consume healthy food.
26. They should ensure that current food safety standards are enforced and reviewed at 5 yearly intervals.

27. They should introduce a food surveillance system incorporating all facets of the food chain including the regular monitoring nationally of regular food access and the cost of healthy foods and foods that are less health enhancing.

***The Public Health Association of Australia resolves that:***

28. The Executive Committee will present this agenda for action to the appropriate Minister(s) of the Commonwealth government and Branches should approach State Ministers.
29. The Executive Committee will approach the Council of Australian Governments(COAG) and Strategic Inter-governmental Nutrition Alliance (SIGNAL) and Food Standards Australia and New Zealand (FSANZ) to seek support for research identified in this policy.
30. The Executive Committee will explore the feasibility of producing a booklet listing all those working in the food, nutrition and poverty fields in Australia. This booklet could be used to identify areas being inadequately researched, particularly in relation to food intake and poverty.

**ADOPTED 2006**

***First Adopted at the Annual General Meeting of the Public Health Association of Australia.***

***References***

- Australian Bureau of Statistics (ABS) 1997 Cat. No. 4802.0 National Nutrition Survey- Selected Highlights- Australia 1995 Canberra.
- Australian Bureau of Statistics (ABS) 2006 Cat. 6530.0 Household Expenditure Survey, Australia: Summary of Results 2003-2004
- Burns C, Jackson M, Gibbons C, Stoney R. Foods prepared outside the home: Association with selected nutrients and BMI in adult Australian 2002 *Public Health Nutrition* 5(3): 441-448.
- Burns C, Gibbon P, Boak R, Baudinette S, Dunbar 2004b J Food cost and availability in a rural setting in Australia (*Rural and Remote Health* 4 online <http://rrh.deakin.edu.au/articles/subviewnew.asp?ArticleID=311>)
- Burns CM, Inglis A 2005 Access to a healthy diet and fast foods in the City of Casey. Oral presentation. Annual Scientific Meeting, Australasian Society for the Study of Obesity, October 28<sup>th</sup> to 30<sup>th</sup>, Adelaide
- Burns C 2004b A review of the literature describing the link between poverty, food insecurity and obesity with specific reference to Australia. Prepared for Vichealth [www.vichealth.gov.au](http://www.vichealth.gov.au)
- Commonwealth of Australia. (2004). A hand up not a hand out: renewing the fight against poverty. Report on poverty and financial hardship. Senate Community Affairs Reference Committee, Commonwealth of Australia.
- Karp RJ, Cheng C, Meyers AF 2005 The appearance of discretionary income: Influence on the prevalence of under- and over-nutrition. *Int J for Equity in Health* 4:10.

- Lester IH (1994) Australia's Food and Nutrition. Canberra:AGPS. 1994
- Russell C, Hill B, Bassler M 1998 Older people's lives in the inner city: hazardous or rewarding? Aust NZ J Med 22(1):98-106.
- Saunders P (1998) Development of Indicative Budget Standards for Australia. Research Paper No. 74 Budget Standards Unit, Social Policy Research Centre, University of NSW.
- Sutherland G, Couch MA, Iacono T 2002 Health issues for adults with developmental disability. Research in Developmental Disabilities 23: 422-445.
- The 2004 Healthy Food Access Basket (HFAB) survey (Queensland Health, Queensland Government 2006)
- Turrell, G., T. Blakely, et al. (2004). "A multilevel analysis of socioeconomic (small area) differences in household food purchasing behaviour." Journal Of Epidemiology And Community Health **58**(3 (Print)): 208-215
- Universal Declaration of Human Rights - Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948
- Winkler, E., Turrell, G., Paterson, C. (2006). "Does living in a disadvantaged area entail limited opportunities to purchase fresh fruit and vegetables in terms of price, availability and variety?" Health & Place.
- Wood B, Wattanapenpaiboon T, Ross, K, Kouris-Blazos A. *1995 National Nutrition Survey: Data for persons 16 years of age and over grouped by socio-economic disadvantage: Executive Summary of the SEIFA report*. Melbourne: Monash University: Healthy Eating Healthy Living Program; 2001.
- Wood B, Wattanapenpaiboon T, Ross, K, Kouris-Blazos A. *1995 National Nutrition Survey: All persons 16 years of age and over and all persons 16 years of age and over, by food security*. Melbourne: Monash University: Healthy Eating Healthy Living Program; 2000a.
- Wood B, Wattanapenpaiboon T, Ross, K, Kouris-Blazos A. *1995 National Nutrition Survey: All persons 16 years of age and over and all persons 16 years of age and over, by equivalent income (EQI)*. Melbourne: Monash University: Healthy Eating Healthy Living Program; 2000b
- Worsley A 2002 Nutrition knowledge and food consumption: can nutrition knowledge change food behaviour? Asia Pac J Clin Nutr 11(suppl):S579-S585.

