

Food and Nutrition Monitoring and Surveillance in Australia

Policy Position Statement

Key messages:

A comprehensive Food and Nutrition Monitoring and Surveillance program in Australia is critical to inform policy, regulation, program development, and to identify emerging issues in public health. Whilst there are plans for a National Nutrition and Physical Activity Study as a component of the Intergenerational Health and Mental Health Study, there is no clear ongoing commitment to a regular food and nutrition monitoring program in Australia. Current policy and planning rely on inadequate information from ad hoc surveys.

An effective food and nutrition monitoring and surveillance program includes at a minimum:

- regular (at least every 10 years) population-based dietary intake surveys that measure trends over time
- food supply monitoring
- apparent consumption data interpretation
- an overview and coordinating role for broader food and nutrition monitoring activities.

Key policy positions:

1. There is an urgent need for the Australian government to build a comprehensive food and nutrition monitoring and surveillance program to protect public health.
2. Regular national dietary intake surveys are a critical component of a food and nutrition monitoring surveillance system. These are essential to monitor dietary trends over time which in turn inform policy, regulation, and program development.
3. A comprehensive program should monitor a range of components in addition to dietary intake, such as food availability, household expenditure, food supply, infant feeding practices, and emerging areas of influence on food choice, e.g., food environments, including online.

Audience:

Federal, state, and territory governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Food and Nutrition Special Interest Group (SIG)

Date adopted:

23 September 2021

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Policy position statement

PHAA affirms the following principles:

1. There is an urgent need for secure ongoing funding to establish an ongoing National Food and Nutrition Monitoring and Surveillance program as a priority, including, but not limited to, a commitment to a national nutrition survey at least every 10 years.

PHAA notes the following evidence:

2. A comprehensive program for monitoring and surveillance of food and nutrition is critical to identify emerging issues and trends over time in order to inform policy, regulation, and program development.^{1, 2}
3. The scope of a food and nutrition monitoring and surveillance program would include:
 - food supply (including composition of contemporary Australian foods, soil quality, and biodiversity)
 - physical and online food environments (e.g., availability, affordability, accessibility, and advertising and promotion)
 - food purchasing/acquisition (e.g., food expenditure, food type, price and quantity of food purchased, place of food purchase)
 - food literacy knowledge, skill and behaviours including planning and management, selection (e.g., use and understanding of food labelling and promotion), preparation (e.g., frequency and types of meals prepared, skills, distribution of work in households), and eating (e.g., commensality, shared eating occasions, settings for eating)
 - food and nutrient intake and physical activity behaviours including breastfeeding (e.g., 24-hour recall and short questionnaire)
 - nutritional status (including biological measures)
4. Routine collection, analysis, interpretation, and reporting of data are required to:
 - inform policy and regulation (such as a National Nutrition Policy, the Australian Dietary Guidelines, the Australian Guide to Healthy Eating, food reformulation, and food labelling and regulation)
 - inform practice (including prioritisation, planning, and review of programs and services)
 - monitor factors influencing food choice
 - assess cost-effectiveness of interventions (including policy and regulation)
 - identify information gaps and emerging issues, and develop protocols for related data collection and interpretation
 - monitor trends over time in the composition of foods, overall diet, dietary behaviours, and nutritional status of population (or population sub-groups), and determining the association of these trends with the risk of morbidity, mortality, chronic disease, and obesity, and the impact of total diet on burden of disease

- describe socioeconomic differences in prevalence and trends in dietary intakes and behaviours and subsequent nutritional and health status
 - assess dietary and nutrient inadequacies and excesses
 - identify barriers to healthy eating (including availability, affordability, accessibility, advertising, and promotion of discretionary choices)
 - assess risk of exposure to substances in food (including those occurring naturally or added as a result of production or processing)
 - assess the use of nutritional supplements and their implications for nutritional intake, nutritional status, and the health of the population
 - enforce food regulations, e.g., substantiating a nutrition or health claim
 - identify further research priorities, and guide food industry research, development, and innovation
 - maximise efficiency (and minimise duplication)
 - promote consistency (comparable data collection methods are needed to facilitate comparisons between groups and determine trends over-time)
5. The need for an ongoing, comprehensive, and coordinated food and nutrition monitoring and surveillance system in Australia has long been recognised and identified as a priority by key decision makers and nutrition professionals.²
 6. Food and nutrition monitoring and surveillance in Australia is currently ad hoc and uncoordinated. The only national nutrition surveys in the last half century include a survey of adults in 1983, children in 1985 and adults and children in 1995,³ a National Children’s Nutrition and Physical Activity survey in 2007⁴, and the National Nutrition and Physical Activity Survey (with an associated biomedical risk factor survey as part of the National Health Survey) in 2010-11.⁵ In 2010, the Australian Institute of Health and Welfare conducted the Australian National Infant Feeding Survey on behalf of the Australian Government Department of Health.⁶ The routine National Health Surveys include some key indicator questions on food and nutrition issues such as breastfeeding and fruit and vegetable consumption that are less comprehensive.
 7. Most Australian states and territories undertake computer assisted telephone interview surveys with nutrition components to address the gap in national data,⁷⁻¹² however, state-based surveys are routinely limited to a single state or territory, and comparison with national surveys is compromised by inconsistent data collection methodology. In addition, the survey data is self-reported and limited in scope compared with more robust, comprehensive methods to estimate dietary intake.
 8. Food and nutrition monitoring and surveillance encompasses more than dietary intake surveys. Methodologies such as the Apparent Consumption of Foodstuffs series report on the quantity of food available, the utilisation of the available food supply, and the amount of food consumed by an average Australian.¹³ Monitoring of healthy food prices and affordability is essential.¹⁴ In Australia, use of market basket surveys and other tools has been sporadic, conducted by various groups and using varied methodologies, so limiting their comparability.¹⁵ A recent global comparison study concluded that individual dietary surveys should be integrated within national health and nutrition surveys, and that countries that do this can provide proof-of-principle for others.¹⁶
 9. The lack of routine food and nutrition monitoring and surveillance seriously limits the capacity to report on the nutritional status and health of Australians, and in particular trends over time. The Bridging study published in 2001 highlighted the problems of non-routine collection of data, claiming that comparisons between the children’s survey of 1985 and the 1995 National Nutrition Survey were

so compromised due to variation in methodology and data processing that reliable estimates of change could not be determined.¹⁷ These problems persist today. A recent paper highlights that the lack of comparability amongst survey methodology and populations in Australia impacts our ability to assess public health priorities such as the prevalence of overweight and obesity.¹⁸

10. Other OECD member countries such as the US, UK, and many European nations have had systematic programs for food and nutrition monitoring and surveillance for many years.¹⁹⁻²³
11. In 2005, as a result of the persistent calls by nutrition professionals, the food industry, marketing sector, consumer organisations, and the Food Regulation system, the Australian Government commissioned Nexus Management Consulting to consult with key stakeholders and review selected international approaches in order to prepare a business case and framework for implementing a national food and nutrition monitoring and surveillance system.²
12. Whilst this work is now over fifteen years old, the findings and recommendations of the Nexus Report remain relevant today and were reinforced in 2013 as part of the Scoping Study to Inform Development of the National Nutrition Policy.²⁴ The following elements comprise the fundamental components of a Food and Nutrition Monitoring and Surveillance System:
 - 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 food environments including accessibility, availability, affordability, and advertising and promotion of healthy and discretionary foods
 - develop short survey questions on selective food and physical activity behaviours, including breastfeeding
 - include appropriate biological measures of nutritional status in the ongoing survey program.
13. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Wellbeing

PHAA seeks the following actions:

14. The Australian Government should make an ongoing commitment to regular dietary intake surveys independent of commercial funding. These surveys should:
 - occur at least every 10 years
 - be linked to health and biomedical measures surveys
 - have sufficient data to be disaggregated by socio-demographic indices and involve routine collection, analysis, interpretation, and reporting of data
 - ensure methods are sufficiently consistent to allow for the comparison of trends over time
 - use a methodology which is publicly accessible to allow studies of priority populations by other agencies and researchers to be comparable to national data.
15. The Australian Government should commit to establishing an ongoing comprehensive National Food and Nutrition Monitoring and Surveillance Program.

PHAA resolves to:

16. Continue to advocate for the establishment and funding of a comprehensive ongoing Australian Food and Nutrition Monitoring and Surveillance Program.
17. Contact relevant members of parliament and ministerial committees to give credit where credit is due for efforts and funds provided for food and nutrition monitoring and surveillance activity, whilst continuing to reinforce the need for, and the cost of not having, an ongoing, well-coordinated and appropriately managed Food and Nutrition Monitoring and Surveillance program.
18. 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. It is important for public health and consumer groups to have a consistent message about food and nutrition monitoring and surveillance, rather than contradictory views, to improve the impact of advocacy to the Australian Government.
19. Provide information and encouragement to PHAA members to advocate for relevant aspects of a Food and Nutrition Monitoring and Surveillance Program within their immediate work and professional circles, as well as being part of the broader advocacy efforts where time and position allow.

(First adopted in 2008, revised 2011,2014, 2018, and 2021)

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