Dietary Patterns, Food-Based Guidelines and Nutrition

Policy Position Statement

Key messages:	Contemporary nutrition evidence supports the value of diets that are environmentally sustainable, healthy, affordable, reliable, and meet consumer preferences. This shift in evidence requires a change in emphasis from the historically narrow focus on nutrients, to a broader emphasis on foods and how they are combined into dietary patterns.
Key policy positions:	1. Due to a collective combination of factors, current dietary patterns in Australia are major contributors to ill health. 2. The PHAA calls for a more comprehensive and holistic approach to the development of dietary guidelines and nutrition policies that reflect contemporary evidence on dietary patterns and food systems.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
Responsibility:	PHAA Food & Nutrition Special Interest Group
Contact:	Bronwyn Ashton and Damian Maganja, FANSIG Co-Convenors
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PHAA affirms the following principles:

1. Nutrition science encompasses the study of all aspects of the food system, from production to consumption and its impact on health. In general, research on how food consumption impacts health has examined diet in terms of nutrients, foods and dietary patterns. The study of nutrients provides the opportunity to establish mechanisms of action within the human body, while the study of foods has expanded to recognise the synergies between nutrients within a food or beverage and health impacts on the human body. [1, 2] The study of dietary patterns encompasses more, taking account of how the "combination of foods and beverages one eats on a regular basis" can collectively influence health outcomes. [3, 4]
2. Nutrition science has progressed from a primarily nutrient-based model, which sought to explain diet-related risk in terms of nutrient deficiency or excess, towards a model which explores the relationship between diet and health and disease through the more complex effects of foods and dietary patterns.[5] This has enabled a more nuanced understanding of the relationship between diet and health and the realisation that there is no single optimal way of eating to ensure good health.
3. This expansion in knowledge and understanding should be reflected in Australia's food and nutrition guidelines and policies. The development and implementation of a National Nutrition Strategy would enable coordinated, evidence-based action that integrates nutrient-, food-, and dietary patterns-based approaches to improving health.[6] The PHAA FANSIG position on a National Nutrition Strategy sets out key elements that should be considered in such a plan.

PHAA notes the following evidence:

4. There is good evidence that a variety of dietary patterns can contribute to improved health outcomes and that optimal dietary intake may vary with age and stage of life as well as circumstances or environment. [7, 8]
5. A dietary pattern is defined as the quantities, proportions, variety, or combination of different foods, beverages and nutrients in diets, and the frequency with which they are habitually consumed. [9, 10]
6. Healthy dietary patterns can take multiple forms but must be nutritionally adequate and balanced and include a diverse range of health promoting foods within and across food groups and limit foods and nutrients associated with poor health outcomes. [11]
7. Current dietary patterns are a leading contributor to disease burden in Australia. [12,13] The mismatch between current and optimal dietary patterns is not primarily due to an imbalance of nutrients but to a combination of dietary risks which collectively contribute to ill health. [13]
8. Healthy dietary patterns are typically higher in fruits, vegetables and other minimally processed plant foods, including wholegrains, legumes, nuts and seeds, and lower in animal-based foods and ultra-

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processed foods.[a] [7]

9. The Australian Institute for Health and Welfare (AIHW) defines "dietary risk" for the Australian Burden of Disease Study (2018) as the combined effect of 12 dietary behaviours. These are identified as a diet low in fruit, vegetables, milk, nuts and seeds, wholegrains and high-fibre cereals, legumes, polyunsaturated fat, and fish and seafood, as well as a diet high in sodium, sugar sweetened beverages, red meat and processed meat.[13]

10. In recent years, there has been a global shift towards developing food-based dietary guidelines that promote healthy dietary patterns and sustainable food systems.[14-16] An increase in the number of dietary guidelines around the world that promote sustainable healthy diets, incorporating social, cultural, economic and environmental aspects, is also evident.[16-18]

11. The current 2013 Australian Dietary Guidelines (ADGs) [19] were underpinned by a series of systematic reviews synthesising evidence on associations between diet and health and focusing on links between consumption of foods (or food groups) and chronic disease outcomes.[20] Dietary modelling was used to ensure the foods and dietary patterns that were recommended were nutritionally adequate and feasible to consume. [21]

12. The 2013 ADGs are currently being revised by the National Health and Medical Research Council (NHMRC).[22] Notable changes to the dietary guideline development process include the establishment a Dietary Guidelines Governance Committee to minimise and manage bias and conflicts of interest and a Dietary Guideline Sustainability Working Group to advise on the strength and quality of evidence regarding sustainable diets defined as diets that are accessible, affordable and equitable, and with low environmental impact. In addition to sustainable diets, the following priority evidence review topics identified by the Dietary Guidelines Expert Committee include: "dietary patterns (combinations and amounts of foods regularly consumed), nutritional needs across the life course; protein-rich foods (meat and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans); and ultra-processed foods".[22]

13. Globally, there has been increased interest in associations between meal patterns (including frequency, timing, and regularity of meals) and health outcomes. In Australia, reviewing the evidence for eating frequency and a range of specific and overall health outcomes has been identified as a priority to inform the revised ADGs.[23] Dietary guideline committees in the United States [24-26] and Nordic and Baltic countries [27] concluded the quantity, quality and consistency of the evidence was insufficient to warrant emphasising meal patterns in their dietary guidelines. In contrast, the Brazilian guidelines recommend eating regularly and mindfully.[28]

14. In Australia, support is mounting to increase focus on health equity in dietary guidelines and nutrition policies. [29,30] Globalisation has created rich cultural diversity in Australia's population, fostering multidimensional dietary acculturation. [31] Highlighting diverse dietary patterns, supports health equity and better health outcomes in these groups.[32] Prioritising Aboriginal and Torres Strait Islander knowledge in policy development and implementation is also critical to achieving equitable health outcomes in Australia.[30]

[a] Foods and drinks that have undergone industrial processing and contain ingredients not typically found in a home kitchen, such as artificial flavours, colours, sweeteners, emulsifiers, preservatives, and other additives designed to enhance taste, texture, shelf life, or appearance. They are often made from substances extracted from foods (e.g., oils, fats, starches, protein isolates) or derived from food constituents (e.g., hydrogenated fats, modified starch), and typically contain little or no whole foods. Examples include sugary drinks, packaged snacks, confectionery, instant noodles, reconstituted meat products, and many ready-to-eat or heat meals. *Monteiro et al., 2019, NOVA food classification; WHO, 2023*

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15. Evidence of associations between dietary intakes high in ultra processed foods and a range of adverse health effects continues to strengthen.[33] Including advice related to the level of processing of foods as part of the dietary guidelines would align Australia's national dietary advice with recent dietary guidelines issued globally.[34] This would also help clarify the role in food-based dietary guidelines and healthy dietary patterns of products previously referred to as 'discretionary foods and drinks'.[18]
16. From a policy perspective, tools including labelling and reformulation have been shown to be effective in changing intakes of some (sodium and industrially produced trans-fat), risk-associated nutrients.[36, 37] The evidence these policy tools can fundamentally shift current diets towards optimal dietary patterns is limited, suggesting the need for policy tools that serve different purposes. To promote healthier diets and food systems, we need a coherent set of policies.[15, 38] This underlines the importance of a National Nutrition Strategy to ensure policy coordination in Australia.
17. At present, monitoring and reporting nutrition status in Australia is heavily reliant on nutrient-based and food-based measures. There is a growing evidence base for measuring dietary intake through validated measures of dietary patterns, [10] and Minimum Dietary Diversity was recently adopted as a new Sustainable Development Goal indicator to monitor dietary patterns around the world. [39] Opportunities to monitor dietary patterns using a combination of food consumption, food purchasing, and food supply data should also be considered. [40]
18. Implementing the actions outlined in this policy position statement would contribute to achieving United Nations Sustainable Development Goals 3 and 12 – 'Good Health and Wellbeing' and 'Sustainable Consumption and Production Patterns', respectively. [41]

PHAA seeks the following actions:

19. To improve the diets of Australians, the framework for policy actions should be widened to consider food systems, dietary patterns, environmental sustainability and the level of processing.
20. That all policymakers (within and outside government) are made aware of potential unintended adverse impacts on Australian diets if a single approach (for example, nutrient-based or food-based or dietary patterns) is favoured to the exclusion of other approaches.
21. The regular and routine monitoring and reporting on the dietary behaviours of Australians using a combination of dietary patterns, food, and nutrient approaches. This requires investment in methodologies and infrastructure, such as developing and maintaining a contemporary food composition database, and dietary assessment tools such as the Automated Self-Administered 24-hour Dietary Assessment Tool (ASA24) or Intake24, plus broader support of skills in analytical methods. A National Nutrition Survey should be conducted every five years.
22. The regular review (5 yearly cycle) of the ADGs.

PHAA resolves to:

23. Advocate for the above steps to be taken based on the principles in this position statement.

Adopted 2019, revised 2022 and 2025

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