Public Health Association of Australia:

Policy-at-a-glance – Food & Nutrition Monitoring & Surveillance in Australia

Policy

Key message:
1. A comprehensive food and nutrition monitoring and surveillance system, with sufficient data to be disaggregated by demographic and socioeconomic indicators, is critical to inform policy and practice in Australia.
2. Recent investment in national survey initiatives has significantly enhanced data collection in Australia at this point in time.
3. Ongoing routine commitment to investment and national coordination is urgently required to ensure sustainability and capacity to determine trends over time.
4. There are significant opportunities to ‘value-add’ to existing initiatives and to maximise investment through additional investment in national coordination and expertise and through stimulating collaborative partnerships between policy and research communities in data utilisation, interpretation and dissemination.

Summary: PHAA will continue to advocate for the improvements in an ongoing Australian Food and Nutrition Monitoring and Surveillance System, and hold the Australian Government accountable to promises made to fund and establish such a system.

Audience: Australian, State and Territory Governments, regulatory bodies, policy makers and program managers.

Responsibility: PHAA’s Food and Nutrition Special Interest Group (SIG)

Date policy adopted: September 2014

Contact: Helen Vidgen & Julie Woods, Co-Convenors, Food & Nutrition SIG – h.vidgen@qut.edu.au & j.woods@deakin.edu.au
FOOD AND NUTRITION MONITORING AND SURVEILLANCE IN AUSTRALIA POLICY

Key messages:

- A comprehensive food and nutrition monitoring and surveillance system, with sufficient data to be disaggregated by demographic and socioeconomic indicators, is critical to inform policy and practice in Australia.
- Recent investment in national survey initiatives has significantly enhanced data collection in Australia at this point in time.
- Ongoing routine commitment to investment and national coordination is urgently required to ensure sustainability and capacity to determine trends over time.
- There are significant opportunities to ‘value-add’ to existing initiatives and to maximise investment through additional investment in national coordination and expertise and through stimulating collaborative partnerships between policy and research communities in data utilisation, interpretation and dissemination.

The Public Health Association of Australia notes that:

1. A comprehensive system for monitoring and surveillance of food and nutrition is required to inform policy, regulation, program development and to identify emerging issues.

2. In the context of this policy the scope of food and nutrition monitoring and surveillance relates to:
   - food supply, e.g. food availability and composition of Australian foods
   - food environments, e.g. location and type of food outlets and community-supported agriculture
   - food purchasing/acquisition, e.g. food expenditure, food type, price and quantity of food purchased, place of food purchase, impact of marketing and labelling on purchasing, and food security
   - food and nutrition knowledge and beliefs, e.g. food literacy
   - food and nutrient intake and physical activity behaviours including breastfeeding, e.g. 24 hour recall and short questionnaire
   - nutritional status, e.g. biological measures

3. Routine collection, analysis, interpretation and reporting of such data are required to:
   - inform priorities for policy and regulation (such as national food and nutrition policy, Dietary Guidelines for Australians, the Australian Guide to Healthy Eating, food reformulation and food labelling)
   - monitor trends over time to assist in program evaluation
   - identify emerging risks
   - detect 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 and examine socioeconomic differences in prevalence and trends in dietary intakes and behaviours and subsequent nutritional and health status
   - assess dietary and nutrient inadequacies and excesses and undertake risk analysis for developing food regulation policy and standards, including both voluntary and mandatory food fortification
   - 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
• guide food industry research and development and innovation of new products
• identify barriers to healthy eating, accessing food necessary for healthy eating, and food security
• assess cost-effectiveness of policy and regulation

4. The need for an ongoing, regular, 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.

5. Food and nutrition monitoring and surveillance in Australia in past decades has been ad hoc and uncoordinated. The only national nutrition surveys in the 50 years to 2010 included a survey of adults in 1983, children in 1985 and adults and children in 1995 and a National Children’s Nutrition and Physical Activity survey in 2007.

6. In addition several states undertook surveys with nutrition components to address the gap in national data. However, state-based surveys are limited to a single jurisdiction and comparison with national surveys compromised by variation in methodology.

7. In recent years the Australian Government has made substantial investment in surveys to enhance our current data on food and nutrition. Key initiatives include:

• In 2010, the Australian Institute of Health and Welfare (AIHW) conducted the Australian National Infant Feeding Survey (Survey) on behalf of the Australian Government Department of Health and Ageing. The Survey was conducted as a national mail survey of a sample of approximately 16,000 infants and aimed to collect cross-sectional data that will provide reliable national estimates of infant feeding practices. The results were released in December 2011.
• On May 12, 2010 the Australian Bureau of Statistics announced the Australian Health Survey (AHS) that was promised to be the most comprehensive study of the health of Australians ever undertaken, involving around 50,000 people. This survey addresses key health information gaps in nutrition and physical activity and will deliver objective biomedical data on factors including obesity, blood pressure, measures of nutritional status and chronic disease markers from respondents who volunteer. Results are being progressively released, with the first results from the 2011-12 National Nutrition and Physical Activity Survey released 9 May 2014.

8. Food and nutrition monitoring and surveillance is broader than food and nutrition intake surveys. Other food and nutrition monitoring has included:

• The Apparent Consumption of Foodstuffs series reported on the quantity of food available, the utilisation of the available food supply and the amount of food consumed by each Australian. This report series commenced in the 1930s but was ceased in 1999.
• Market basket surveys have been undertaken by most states to monitor the price and availability of food; however, at this time there is no consistent national approach to the foods monitored.
• State-based monitoring of children’s exposure to food advertising on television has also been undertaken in the last decade in some jurisdictions; however, until the Australian National Preventive Health Agency (ANPHA) in 2012 commenced development of a framework for monitoring television marketing and advertising to children on unhealthy food and drinks, there has been no consistent approach. This framework is yet to be completed.

9. The lack of routine food and nutrition monitoring and surveillance seriously limits the capacity to report on 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.
10. Other OECD countries such as the US, UK and many European nations have had systematic programs for food and nutrition monitoring and surveillance for many years. In 2001, New Zealand also embraced a 10-year plan of national nutrition surveillance with alternate surveys of children and adults every five years.

11. In 2005, as a result of the persistent calls by nutrition professionals, the food industry, marketing sector, consumer organisations and the Australian and New Zealand Food Regulation Ministerial Council (ANZFRMC), 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.

12. The Nexus Report proposed a framework for a comprehensive food and nutrition monitoring and surveillance system and recommended that a system be established comprising of a number of core elements including:

- A food and nutrition monitoring and surveillance coordination centre
- A national survey program linked to a biomedical survey program
- An enhanced food composition program
- A governance structure (made up of key decision makers/funders)
- A technical reference group

13. While the recent action at a national level is welcome, these separate efforts are not consistent with key recommendations from 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 more importantly have not led to other elements of a national monitoring and surveillance system being established. The most noteworthy missing elements are the establishment of a National Coordination Centre for Food and Nutrition Monitoring and Surveillance and the reinstatement of the apparent consumption data collection and reporting.

14. The release of the report on the 2007 Australian National Children’s Nutrition and Physical Activity Survey further highlights the ongoing ad hoc approach to nutrition monitoring and surveillance in Australia and the inability to accurately report trends over time. Whilst the data from the survey is available to the research community for further investigation, accurate analysis of the data is complex and technically challenging. The lack of commentary in this main findings report on trends in overweight and obesity highlights the complexity of comparisons between surveys. However, a lack of authoritative analysis on a topic of such high prominence is disappointing and leaves the data open to interpretation by various researchers and commentators leading to inconsistent reporting. In addition, this survey was jointly funded by commercial interests which results in perceptions of bias and conflict of interest.

15. A critical component of a national food and nutrition monitoring and surveillance system is the establishment of a national coordination unit. This unit would have the necessary expertise for:

- establishing ongoing, core data collection with the ability to monitor trends over time
- maintaining the expertise and experience of staff required to administer data collection as well as ensuring analysis, reporting and comparability of results
- establishing and receiving consistent rather than 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)
- fostering and stimulating partnerships between researchers and policy makers to encourage policy relevant research and maximise the utility of national survey data
• development of capacity to support routine reporting of prevalence and trends for the whole population and important population sub-groups including by gender, age and socio-economic position
• ensuring inclusion and adequate data collection from specific communities or vulnerable groups such as Aboriginal and Torres Strait Islander communities.

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

There is an urgent need for secure ongoing funding to establish a National Coordination Centre for Food and Nutrition Monitoring and Surveillance as a priority. Such a Centre should comprise appropriate staff with specific skills in food and nutrition monitoring and surveillance, including public health nutrition, data analysis and reporting, epidemiology and biostatistics.

The seven recommendations made in the Nexus Report for establishing a baseline Food and Nutrition Monitoring and Surveillance System that could be built on over time remain relevant in Australia, i.e. to:

- 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
- include appropriate biological measures of nutritional status in the ongoing survey program

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 food and nutrition monitoring and surveillance should be established to guide the development, implementation and evaluation of an Australian system and to advise on key performance indicators for monitoring trends in nutrition over time.

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

The Australian Government should make an ongoing commitment to regular surveys independent of commercial funding and commit to establishing a National Coordination Centre for Food and Nutrition Monitoring and Surveillance.

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

Continue to advocate for the establishment and funding of an ongoing Australian Food and Nutrition Monitoring and Surveillance System according to recommendations from the Nexus Report. 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 food and nutrition monitoring and surveillance, 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 System
- alert the media to broken government promises where appropriate.

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.
Provide information and encouragement to PHAA members to advocate for relevant aspects of a Food and Nutrition Monitoring and Surveillance 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, REVISED AND RE-ENDORSED IN 2011 and 2014**

*First adopted at the 2008 Annual General Meeting of the Public Health Association of Australia. Revised and re-endorsed as part of the 2011 and 2014 policy revision processes.*

**References**