Submission from the Public Health Association of Australia to the NHMRC Dietary Guidelines Secretariat

A new food guidance system for Australia – Foundation and Total Diets

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Contents

Public Health Association of Australia ........................................................................................................... 3
Background ..................................................................................................................................................... 4
Executive Summary (p5-15) .............................................................................................................................. 5
  Food based dietary recommendations .............................................................................................................. 5
    Recommendation ......................................................................................................................................... 6
  Usual patterns of intake ................................................................................................................................. 6
    Recommendation ......................................................................................................................................... 7
  Environmentally sustainable ............................................................................................................................ 7
    Recommendation ......................................................................................................................................... 7
  Social Equity ................................................................................................................................................ 7
    Recommendation ......................................................................................................................................... 8
3.2. Establishing food groups for diet models (20-23) ...................................................................................... 8
    Recommendation ......................................................................................................................................... 9
3.4 Fortified, processed foods and dietary supplements (p23-24) ................................................................. 10
    Recommendation ......................................................................................................................................... 10
3.6. Developing the nutrient composition and serve sizes of composite groups (p.25) .............................. 10
    Recommendation ......................................................................................................................................... 11
3.7 Combining proportional contributions, individual and group serve sizes and nutrient composition (p.25-28) .......................................................................................................................................... 11
3.8 Sets limits on foods (p.28-29) .................................................................................................................... 11
    Recommendation ......................................................................................................................................... 11
3.11 Use of the RDIs and EARs as the target reference values (p31-32) ......................................................... 12
    Recommendation ......................................................................................................................................... 12
4.2 Foundation Diets (p 39-47) ......................................................................................................................... 12
    Recommendation ......................................................................................................................................... 13
4.3 Total Diets (p47-49) .................................................................................................................................. 13
    Recommendation ......................................................................................................................................... 13
4.5.2 Comparison with Foundation Diets with current intakes (p59-63) ...................................................... 13
    Recommendation ......................................................................................................................................... 13
Conclusion ...................................................................................................................................................... 14
References ....................................................................................................................................................... 15
Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

The PHAA is a national organisation comprising around 1500 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association’s role.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The PHAA has been a key proponent of a preventive approach for better population health outcomes, championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and NHMRC in their efforts to develop and strengthen research and actions in this area across Australia.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the national organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian New Zealand Journal of Public Health draws on individuals from with the PHAA who provide editorial advice, review and who edit the Journal.

In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all aspects of government and promoting key policies and advocacy goals through the media and other means. Through advocacy and contributions to the policy process, the PHAA is an active participant in tobacco, alcohol and other drug issues, both independently and through collaborations and coalitions including Smokefree Australia and the National Alliance for Action on Alcohol (NAAA).
Background

PHAA congratulates the NHMRC on the release revised draft report *A new food guidance system for Australia – Foundation and Total Diets* for public consultation.

The NHMRC states that the draft document revises the Core Food Groups (1994) (revoked in 2000) and aims to translate the Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes (NRVs) (2006) into food consumption patterns that:

- deliver the nutrient requirements for people of varying age/gender, activity levels and life-stages
- are culturally acceptable, socially equitable and environmentally sustainable
- reflect the current Australian food supply and food consumption patterns
- provide some flexibility in food choice, and
- promote health and wellbeing.

The guiding principles for the revision were that the recommendations should:

- address total diet and overall health,
- be evolutionary (incremental changes), flexible and practical, and be based on current scientific evidence.

This technical nutrition work has important implications for dietary advice and future government investment in public health nutrition initiatives. The PHAA acknowledges and agrees with the ambitious aims and principles of this work and encourages the government to continue to support this type of activity.

The PHAA congratulates the government on this important initiative and encourages the government to plan to continue to provide resources to further develop these information resources to assist Australian health professionals to address emerging public health issues.

Australia has been a world leader in the development of food based dietary guidelines and food selection guides. They formed the basis of most nutrition education initiatives of government and non-government organizations and the private sector. It is essential that Australia continues to review these tools, following on from the revision of the Nutrient Reference Values and in light of emerging scientific evidence and changes in the food supply.

PHAA welcomes the opportunity to provide expert comment on the issues arising in the draft document.

PHAA strongly agree that it is important not to change dietary advice unless shown to be necessary. Unnecessary changes in foundation diet and the food selection guide would add to the confusion about dietary recommendations. It is also important to communicate foods group etc. in culinary and contemporary language.
PHAA supports the evolutionary nature of these recommendations and the consideration of equity and environment in their development. However, notes that following this modelling exercise, serious thought needs to be given to the method of translation of the theoretical modelling findings and the communication to the public.

The document demonstrates that with each iteration of modelling for dietary guidance there are additional considerations. This modelling endeavored to build on existing knowledge (provided through systematic literature reviews and considering the revisions of other countries). Also, considerations were given to modelling for specific dietary patterns eg. vegetarian.

The advice is grouped under headings used in the draft document.

Executive Summary (p5-15)

Food based dietary recommendations

The PHAA strongly supports the draft Foundation and Total Diets as part of the process for the development of the Australian new food guidance system. The PHAA notes the high level of technical nutrition expertise required to undertake this work and provides the following advice and comments to support the ongoing development of these important public health nutrition tools.

There is concerned that the resulting food consumption patterns based on the modelling do not deliver food based dietary recommendations for all age and life-stage groups. Although when dietary reference targets were not met alternative patterns were considered it was not possible to achieve either the RDI or EAR within energy constraints in some instances (p 10). The document states that people with low energy needs should be encouraged to be more active, or that if this is not possible they should select the most nutrient dense options within food groups.

The basis of the modelling was to recommend a dietary pattern working from nutrient recommendations and Suggested Dietary Targets (SDT) up (pg 17). The synergistic relationships between foods also needs to be emphasized in the interpretation of results, Studies of ‘food synergy’, that is, the additive, or more than additive influences of foods and food constituents on health highlight the importance of eating a variety of fruits and vegetables as well as adequate amounts. Research into the synergistic effect starts with a top-down approach, searching for combinations of foods and their constituents that influence health, starting with the influence of dietary patterns, foods, food components, nutrients and finally other bioactive components (for example phytochemicals). Schooling et al. (2006) reviewed the diets of 32,462 Hong Kong Chinese adults over the previous decade and found lower all-cause mortality was associated with the consumption of a diet high in a range of healthy foods, including fruit and vegetables. Liu (2003) concluded that the additive and synergistic effect of combinations of phytochemicals in fruit and vegetables are important in chronic disease prevention and consumption from whole food as part of a diet consistent with dietary recommendations is preferable to single nutrient supplementations.
Recommendation

1. The PHAA strongly support the work of the draft Foundation and Total Diets as part of the process for the development of the Australian new food guidance system.
2. The PHAA suggest that there is a need to carefully emphasize the food-based recommendations and re-worded or summarise this throughout the document.
3. The PHAA cautions that there could be an interpretation that nutrient supplements are required or desirable as part of dietary recommendations. Further explanation is required re. the interpretation of limitations for dietary iron, calcium and vitamin D recommendations (pg 47). In its current form it is possible that people could assume that any deficiencies amongst the Australian population cannot be addressed through optimum dietary patterning. This could lead to misunderstandings and inappropriate responses such as calls for mass vitamin D supplementation or the like.

There is also a concern that voluntary fortified foods were used in some of the modelling. Obviously the same tools used to justify the mandatory fortification of the food supply (eg. For folic acid and iodine) were used in this modelling exercise.

Usual patterns of intake

The Executive Summary states that the revision was based on the usual patterns of intake in the community determined from the most recent national dietary survey data (p.5). PHAA would like to have noted that the report has been prepared under extremely difficult and unsatisfactory conditions as the dietary modelling for optimal dietary recommendations has considerable constraints due to lack of appropriate and suitable current dietary information eg. an integrated dietary monitoring and surveillance system. The authors have endeavoured to apply current dietary modelling building on the approach used by Canada with the addition of set constraints for environmental considerations.

The most recent basis for dietary intake modelling is on the 2007 Children’s dietary survey (NCNPAS07) and the 1995 National Nutrition Survey (NNS95) for adults. This is problematic due to:

1. The dramatic change in the food supply over the last 15 years (particularly the increased availability in the market place of processed foods, many of which are high in fat, added sugars and sodium) and the changes in portion sizes (relevant to the cultural context and culinary use). The sodium levels exceeded Upper Levels (UL) in some instances in the current modelling (pg 50) and is likely to be even greater if the availability and promotion of processed foods reflects intake.
2. Although the NCNPAS07 children’s dietary survey results provided recent nutrition information and dietary intake patterns for Australian children, the use of the NNS95 for adults is not likely to reflect current eating patterns.
3. The implied assumption that the ‘current’ dietary habit represents optimal dietary patterning. The limitations of this statement need to be highlighted.
4. The lack information to assess the latest food availability (p 63, p 17). The timely compilation and release of data available from the FAOSTAT is essential. The PHAA recommends the continuation of Australian Apparent Consumption Surveys.
Recommendation

1. That there is further explanation of the current limitation of the modelling and cautionary comments referring to the interpretation of results.

The PHAA advises that

- Food-based Foundation Diets and Total Diets are desirable to meet nutrition requirements and culturally acceptable, socially equitable and environmentally sustainable dietary recommendations
- Additional modelling be undertaken once current Australian adult dietary survey information is available
- Apparent Consumption Data or more detailed FAOSTAT data is routinely collected and reported in Australia (at least four yearly)
- An ongoing and resourced food and nutrition monitoring and surveillance system is implemented as a matter of urgency

Environmentally sustainable

Goals included translation into food consumption patterns that are environmentally sustainable. More detail is needed to inform the reader about how environmental impact deliberations were made and how the parameters chosen in the modelling attempted to address these. There needs to be due recognition given to the environmental impact of all foods but in particular foods of animal origin, conventionally grown produce and highly processed and packaged foods. It is likely that the health and wellbeing considerations and the environmental impact concerns both called for the decision made in the modelling parameters.

The PHAA previously provided a range of articles to assist the development of methodologies for assessing environmental impacts of foods and diets. PHAA notes that it is likely that further attempt is required beyond this nutritional modelling to assess the environmental and economic impact of dietary recommendations and encourages the government to consider these.

Recommendation

That there is further explanation on the factors in the modelling that were used to address environmentally sustainable food patterns.

PHAA recommends government continue to assess the environmental and health impact of government recommendations related to diet.

Social Equity

PHAA would like to see clarification on the issue of ‘social equity’ which is mentioned numerous times throughout the document but is not clear how this was addressed - unlike cultural
appropriateness, for which specific examples are provided - e.g. page 8 Table ES1, ES2, etc; page 29 Table 4; etc.

There is a need to describe further how other elements of social equity (e.g. pertinent to socioeconomic disadvantage and marked socioeconomic inequalities in diet) were considered as they do not appear to be explicitly described. Appendix 5 described the use of linear programming as a tool to derive diets which provide nutrient requirements within minimal dietary energy (pg 95) and its origins with George Stigler in 1945 using it to identify a mathematical method for designing least-cost, adequate diets. The least-cost element would be of value for addressing the social equity component of the aims of the modelling. There is concern that in Australia the affordability of some foods in relation to others may reduce socially disadvantaged people from attaining an adequate dietary intake (eg. affordability of fruit, vegetables, and fish). Further explanation on how this was address or is likely to have been address is recommended.

**Recommendation**

1. That there is further explanation on the factors in the modelling that were used to address social equity.
2. PHAA recommends government continue to assess the affordability of and health impact of government recommendations related to diet.

**3.2. Establishing food groups for diet models (20-23)**

PHAA agrees with the foundation food groupings for the purpose of dietary modelling and understands that the groups presented will not necessarily remain for dietary recommendations in the resulting food selection guide. The modelling endeavoured to keep serving sizes consistent and separated food groupings with where foods had particular nutrient prolifes to refine nutrition recommendations or quantitative nutrition messages (pg 20).

The final food groups and sub-groups (Table 1A) used for modelling included fruit, green and brassica vegetables, orange vegetables, legumes, starchy vegetables, other vegetables, nuts and seeds, wholegrain cereals, refined cereals, poultry/fish/seafood/eggs/legumes, red meats (beef, lamb, veal, pork, venison, kangaroo), and dairy foods (modelled as lower, medium and higher fat options).

The PHAA supports the emphasis on a plant-based diet in the food groupings and agrees with having legumes separate from meat and alternatives in vegetables as well as including them in meats as alternatives. The PHAA supports the vegetables sub-groups for modelling eg. starchy, greens/brassica, orange vegetables etc and nuts/seeds as separate. These sub-group classifications seemed appropriate and reflect the need for variety and diversity, highlight emphasis on plant based foods.

The PHAA supports the emphasis on nutrient dense foods as the basis for dietary recommendations. The role of beverages is important and should be considered in dietary modelling. The PHAA supports the current modelling inclusion/exclusion criteria that excludes fruit or vegetable juices or salt, sugar of fat added products. However is concerned about the
potential use of Appendix items for subsequent food selection guide recommendations. The PHAA agrees that fruit juices are not included in the modelling of the fruit group (pg 22) and notes the use of juice in the composite nutrition compositions included for nutrient profile an weight: particularly breakfast cereals (p 134), dairy foods yoghurts (p 168), canned fruits (p 177).

The comparison of the nutrient equivalent of fruit juices and dried (pg 22 and Appendix 7). The inclusion of distinguishing nutrients based on current consumption (the NN95) was for the contribution to vitamin C. Table A7.2 provides the comparison. The PHAA notes that the AGHE98 used 125ml equivalent for fruit juice and that the current nutrition equivalent is based on a 200 gram serving (pg 116).

The PHAA believes that the role of alcohol should be considered in the background information for modelling of the food selection guide. The exclusion of alcohol in modelling is appropriate, however, there needs to be recognition of the health risk related energy density and overconsumption. Dietary recommendations include those relating to alcohol consumption. Currently there is mention of the % energy as alcohol (pg 227) in the simulated diets Appendix 12:7, contributing 0.0 to 2.3% of energy, however further explanation is required.

The inclusion of nutrient composition of diet based on the Foundation diet for infants aged 7 to 12 months included comparison of breast milk with infant formula (Table 7 page 40). It is important that the appropriate interpretation and caution is attached to the response to the analysis of nutrients provided by infant formula compared to infant formula so that the additional value and appropriateness of breast milk is emphasised and infant formula is considered only as an option when breast feeding is not possible and is not considered beneficial to breast milk. This needs to be noted subsequent food guide purposes.

The methodology utilised relative contribution of nutrients from individual foods for different aged persons, resulting in varying composite food groups for each age group (pg 23). Care will need to be taken in the interpretation of composite foods for translation to the food selection guide.

**Recommendation**

1. PHAA supports the final food groups and sub-groups for modelling purposes with the understanding that they are not necessarily the food groups that will be used for the food selection guide.
2. PHAA supports the exclusion of ‘other foods’ for the modelling of foundation diets.
3. PHAA suggests that further clarification/explanation is provided on the following food grouping factors in the modelling: the addition of ‘some fats and oils in the form of polyunsaturated oils and margarines’ added into the modelling due to culinary considerations (p 20) (p59); the inclusion fats,oils and margarines in the modelling in relation to the CFG94, AGTHE98 and current methodology (this would probably reduce repetition and emphasis throughout the document); how the increasing concern about obesity, nutrient density, and variations in energy per serve within food categories were taken into consideration (p 27); and the action taken to improve the PMS ratio (pg 123).
4. The name of the margarine oils group and its status as a food group needs to be clarified.
5. Clarification that EFA are not or could not through dietary modelling be provided by core foods?
6. The PHAA supports the current modelling inclusion/exclusion criteria in general and support the exclusion of fruit/vegetable juices or salt, sugar of fat added products.
7. The PHAA agree with limitation of the substitution of fruit juices for fresh fruit due to lower fibre levels and the likelihood of overconsumption among some population sub-groups.
8. PHAA believes a discussion about the exclusion of alcohol for dietary modelling purposes and the incorporation in ‘other foods’ should be expanded, eg. not only is alcohol a public health issue due contribution to over-consumption of energy and contribution to overweight and obesity, not suitable for population sub-groups (eg, children and pregnant women) as well as for harm minimisation.
9. PHAA believes that the comparison of nutrient contribution of infant formula with breastmilk and the foundation diet is to be treated with caution.

3.4 Fortified, processed foods and dietary supplements (p23-24)

Whilst the PHAA considers the attempt to factor in mandatory fortification appropriate. The PHAA recognizes the inclusion of some voluntary fortified foods (e.g. breakfast cereals, soy products) in the modelling of current dietary intake. There is a possible concern that current dietary supplement use and the use of significant amounts other fortified foods such as milks or fruit juices may have implications for exceeding ULs on certain nutrients (previous research that indicates that over 70% of Australians take 1-2 complementary meds (with females being largest takers and vit C being most predominant vitamin followed by multivitamins and iron/calcium).

The PHAA suggests that attempts be made address these concerns.

Recommendation
1. PHAA encourages the use of unfortified foods (with the exception of mandaroy fortified foods) for dietary modelling.
2. The PHAA suggests that the implication of current levels of dietary supplementation is considered when assessing ULs.

3.6. Developing the nutrient composition and serve sizes of composite groups (p.25)

The determination of serving sizes against usual intake required composition of serving sizes for dietary modelling. The serving size was derived by combining the nutrient composition of the individual foods in relation to their relative percentage contribution by weight to their food group for that age/gender group (pg 25). Sentinel composite serving sizes were derived for within group serves eg. 40g serving size for bread and cereals, reduced-fat milks. For other groups serving size was determined by equivalence for energy and nutrient density. A composite nutrient density per 100g was based on nutrient contribution by age group and varied for age/gender. PHAA notes the complexity of the derivation of serving size and different approaches for different food groups in the modelling.
Recommendation

1. PHAA requests clarification of the resultant ‘sentinel’ serving sizes and consideration of the use for subsequent dietary recommendations.

3.7 Combining proportional contributions, individual and group serve sizes and nutrient composition (p.25-28)

3.8 Sets limits on foods (p.28-29)

There is some ambiguity in the dietary modelling and food group selection that would benefit from further clarification.

Table 4 outlines limitations for daily intakes for modelling Foundation diets using composite foods for adults as set by the NMRC to address issues of preventable diet-related disease, social equity and environmental sustainability (pg 29). These included both minimum and maximum requirements (eg. red meat and other meats/alternatives are broken down into four groupings with a 65g serve from each group and a restriction of 150 grams daily serves). The PHAA would like clarification on the red meat recommendation, as it appears that this recommendation is above that previously recommended by the AGTHE98, which seems counter-intuitive based on the parameters set. Submission 16 (on NHMRC website) provides information from various research reports that suggest that on average Australians consume 2 serves beef, 1 serve lamb, 2 serves chicken and 1.3 serves fish each week (i.e. 3 serves red meat per week, although no serve size amount is given so it may be bigger than 65g). This amount is less than the seven servings per week proposed by Foundation/total diets (pg 45). In the implications for the total diet section (pg 60-62) it suggests that when compared to NND95, there is an increase in meat recommendations. McMichael et al in the Lancet 2007, recommend 90g meat per day of which no more should be from red meat for optimal sustainability and this has been used to justify the limiting of red meat to 65g, however the outcome is confusing.

There also appears to be a slight increase in dairy foods, 2.5 serves (equivalent to 250ml milk) over 2 serves in AGHE98 (for men and women up to 50 yrs).

The basis for the weekly recommendations is confusing as is the use of multiple scenarios.

Recommendation

1. PHAA requests clarification of the rationale for limiting the meat serving to 65 grams and the net result on the foundation dietary intake.
2. Daily and weekly recommendations are presented, particularly useful when attempting to compare to previous recommendations and those of other countries.
3.11 Use of the RDIs and EARs as the target reference values (p31-32)

Food guidance is usually about assisting people to make food choices that will provide adequate nutritional intake that is also consistent with promoting health and reducing the risk of nutrition related chronic disease. Important considerations are that the population achieves a distribution of usual intakes that has a low prevalence of nutrient inadequacy and a low proportion of intakes above the UL (2). Food guidance is delivered as population level advice and hence the appropriate reference NRV is the Estimated Average Requirement (EAR) where these exist. The scientific underpinning for the choice of the reference NRV (in this case the EAR) is detailed in the article by Beaton and further elaborated upon in the document describing the Development of DRIs (1994-2004). It is also highlighted in the rationale used for the development of the Canadian Food Guide (4).

The PHAA notes that the background to the modelling took into account EARs, RDIs, AIs, SDTs and AMDRs. There is some concern that using the NRVs inappropriately would result in a total overestimation of the amounts of foods required for health. This is particularly concerning if the RDI is used as the basis for determining the base/foundation diet as the extra foods required to meet energy requirements in the total diet may contribute much higher than required levels of other nutrients. In addition higher intakes of food in general may add to already high levels of overweight and obesity and will also result in a greater contribution to the environmental impact of food consumption.

PHAA previously argued that the EAR was the appropriate benchmark for population based dietary advice and notes the use of the RDI for Foundation diet (with the rationale is that it is also used for individuals to plan diets). The PHAA is concerned that by doing so there may be overestimation of serves required to meet nutrient requirements for a large proportion of individuals. The document notes that a limitation of the approach may lead to a higher than necessary recommendation for any given food group (pg 37)

Recommendation

1. PHAA requests clarification of the rationale for using RDI for the modelling of composite foods, then using these for the simulated diets and comparing with EARs for acceptable dietary patterns, followed by modelling for Total Diet (pg 19).

4.2 Foundation Diets (p 39-47)

The current foundation diet recommendations reads as if a man could eat a tub of margarine a week and be within the recommendations (28 serves per week for men and 14 for women Table 11 &12). It is noted that this is also based on the smallest and most sedentary person with PAL of 1.4 for each category. The margarines and oils group represents polyunsaturated fats that
have no RDI and only an AI (average intake). The PHAA believe that with the current iteration of the document it could be construed that this is an essential food group.

**Recommendation**

1. PHAA requests clarification, possible renaming and further justification of the position of the food grouping for unsaturated fats and oils. It would be preferable if this was in one place in the document.

**4.3 Total Diets (p47-49)**

There is merit for the rationale of modelling for weekly versus daily recommendations for total diets, however it would be useful to have daily recommendations as well for ease of interpretation and for future conversion to the food guide.

The report outlines that the example of the Total Diet Modelling is one of many options, however, the PHAA feels it should be made clear that there is preference given to nutrient dense food choices within energy intakes.

**Recommendation**

1. PHAA supports the preference for foods to meet additional energy levels to give preference to food groups other than other foods.
2. PHAA supports the notion of consideration of additional amounts of dairy foods in preference to other foods if energy levels permit. (p34)

**4.5.2 Comparison with Foundation Diets with current intakes (p59-63)**

Table 26 indicates that the NNS95 results were used in the heading but the actual table states the NCNPAS07. Although current nutrient composition data was used for the dietary modelling, it is difficult to justify using the NNS95 as representing current intakes given the significant changes in the food supply in 15 years and the resulting impact on disease risk factors such as obesity. Care needs to be taken in the interpretation of the data from NNS95 due to its age in this section. Section 4.5.3 Comparison of Foundation diets to the Australian food supply does indicate that care should be taken in interpretation of the data.

**Recommendation**

1. PHAA suggest that the need to take care when interpreting the Foundation diets as reflective of current dietary intake for adults should be further emphasized.
2. PHAA advises that the government should revise the modelling when the next NNS is undertaken.

Conclusion

Once again, the PHAA would like to acknowledge the NHMRC for this important piece of work and the technical expertise that has contributed to such a comprehensive process. The PHAA advice aims to support and assist the process.

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References

