



UPDATE ON NUTRITION IN AUSTRALIA

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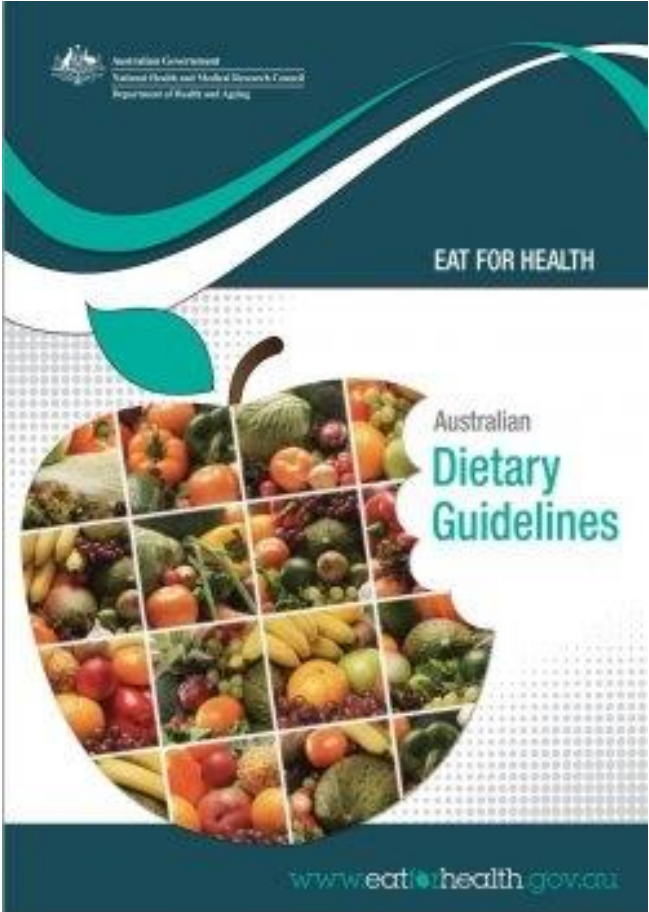
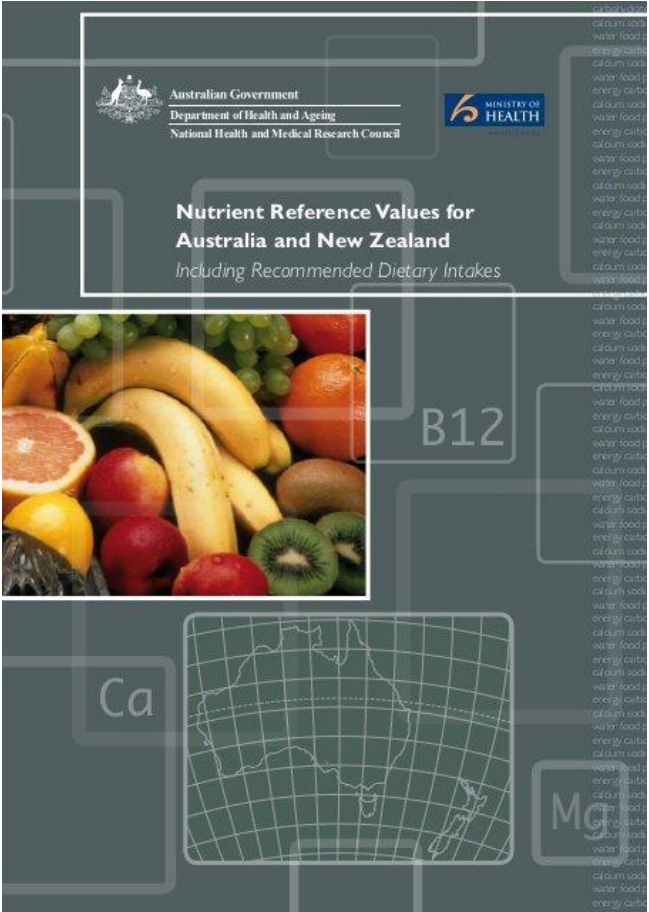
HOUSEKEEPING

- Recording session so can watch back.
- Slides will be available on the HEIA website.
- Link to recording and slides emailed out.
- All participants muted.
- Please type questions in the Q&A section of panel.
 - Answer questions at the end.
- Attendance certificate will be emailed.

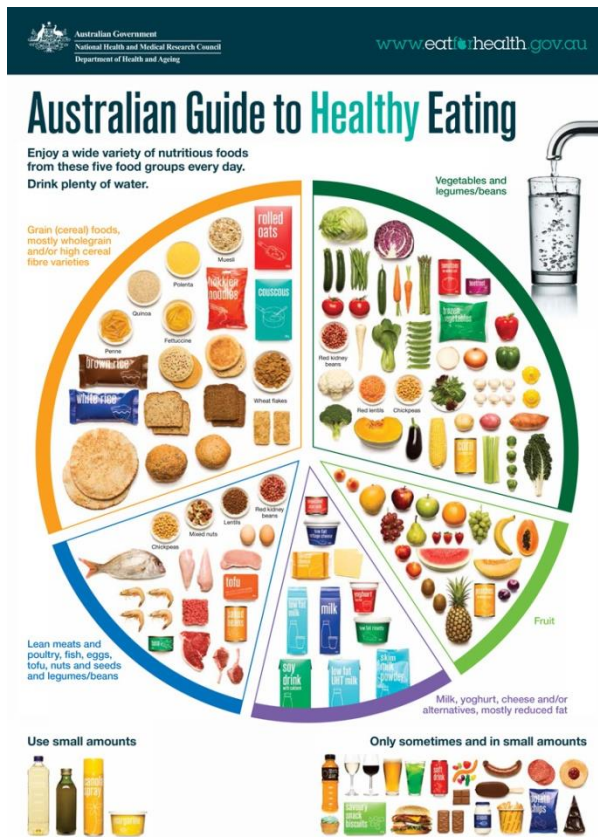
- Overview of current food and nutrition guidance
- Current food, nutrition, physical activity and overweight and obesity situation
- Framework on the determinants of what we eat and our health outcomes
- Activities to enhance nutritional health.



GUIDANCE DOCUMENTS



AUSTRALIAN GUIDE TO HEALTHY EATING



1. Achieve and maintain a healthy weight.

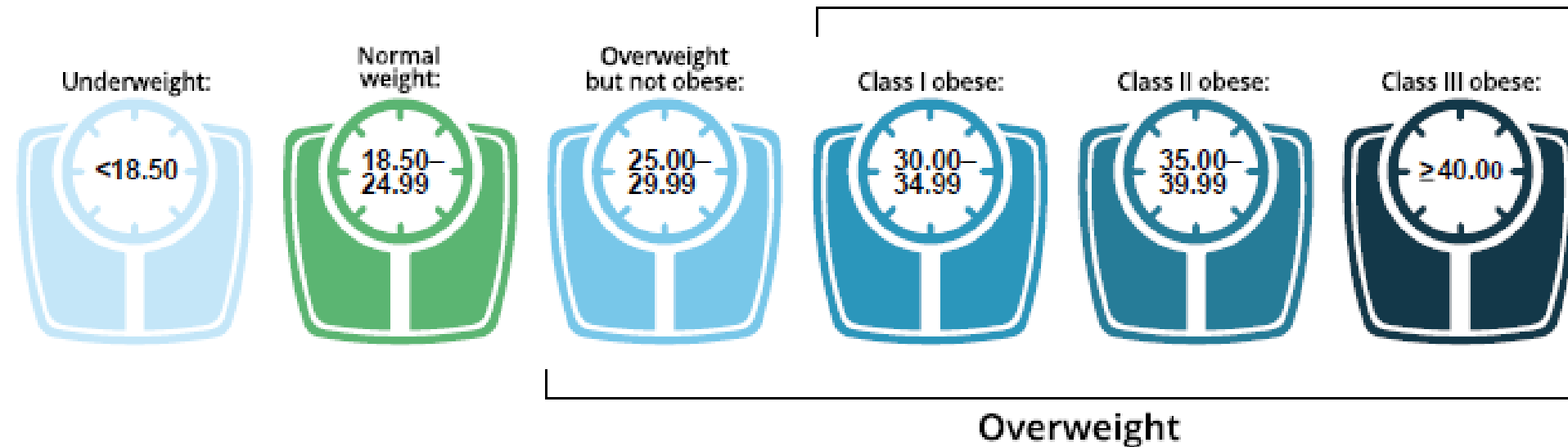
	Age group (years)			
	2–5 ^(a)	5–17 ^(b)	18–64	65 and over
Physical activity	At least 180 minutes per day	At least 60 minutes per day	At least 150 minutes over 5 sessions	At least 30 minutes per day
Sedentary or screen based activity	Should not be restrained for more than 60 minutes at a time ^(c) No more than 60 minutes sedentary screen time per day	No more than 120 minutes of screen use per day Break up long periods of sitting	Minimise and break up prolonged periods of sitting	Be as active as possible
Strength	..	Muscle strengthening activities 3 times a week	Muscle strengthening activities 2 times a week	Incorporate muscle strengthening activities

Source: AIHW 2018, from Department of Health Physical Activity Guidelines



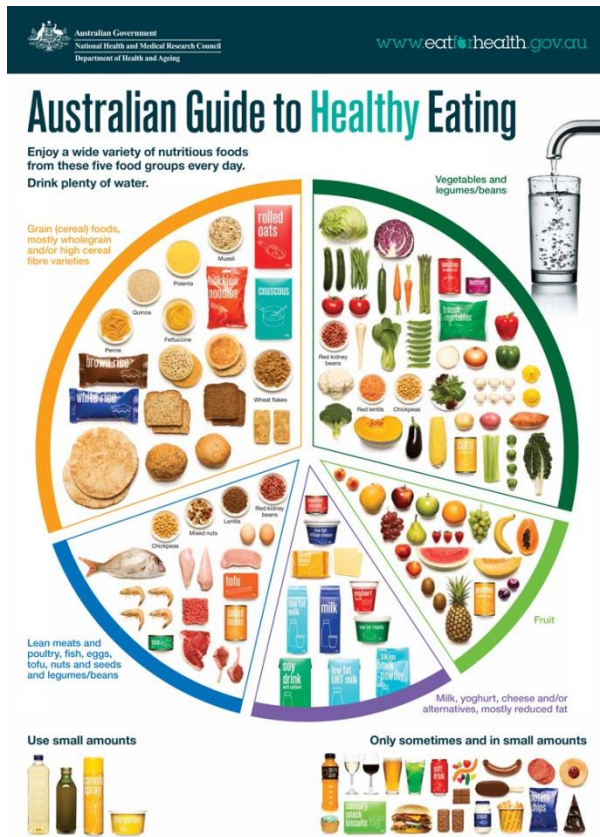
ASSESSING HEALTH WEIGHT

BMI (kg/m²)



Source: AIHW 2018, from WHO 2016

AUSTRALIAN GUIDE TO HEALTHY EATING



2. Enjoy a wide variety of nutritious foods.

- plenty of vegetables (different types, colours) & legumes/beans
- fruit
- grain (cereal) foods, mostly wholegrain and/or high fibre
- lean meats and poultry, fish, eggs, tofu, nuts, seeds & legumes/beans
- milk, yoghurt, cheese and/or their alternatives, mostly reduced fat.

And drink plenty of water.

Further information: <https://www.eatforhealth.gov.au/guidelines>

AUSTRALIAN GUIDE TO HEALTHY EATING



3. Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.



Sometimes and small amounts

Serving sizes should be small



USEFUL REFERENCES

FOOD INTAKE, RISK FACTORS, CHRONIC CONDITIONS

- Australian Bureau of Statistics

- 2011 – 12 Australia Health Survey
- National Health Surveys

www.abs.gov.au



- Australian Institute of Health and Welfare data and publications

- Nutrition across the life stages
- Physical activity across the life stages
- Risk factors to health web pages

www.aihw.gov.au

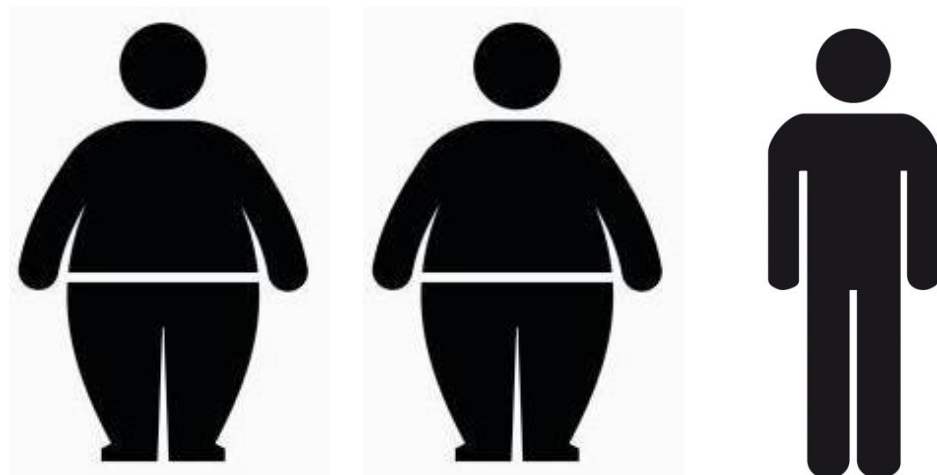




CURRENT SITUATION

OVERWEIGHT AND OBESITY

All Australian adults



2017–18: 67%

2014–15: 63%

1995: 56%

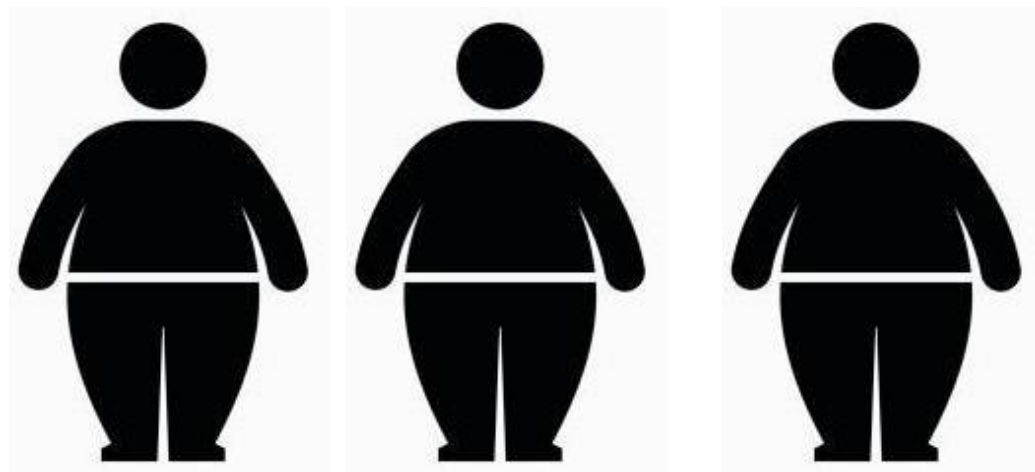
Source: ABS 2019



CURRENT SITUATION

OVERWEIGHT AND OBESITY

Men



2017–18

Men: 75%

Women: 60%

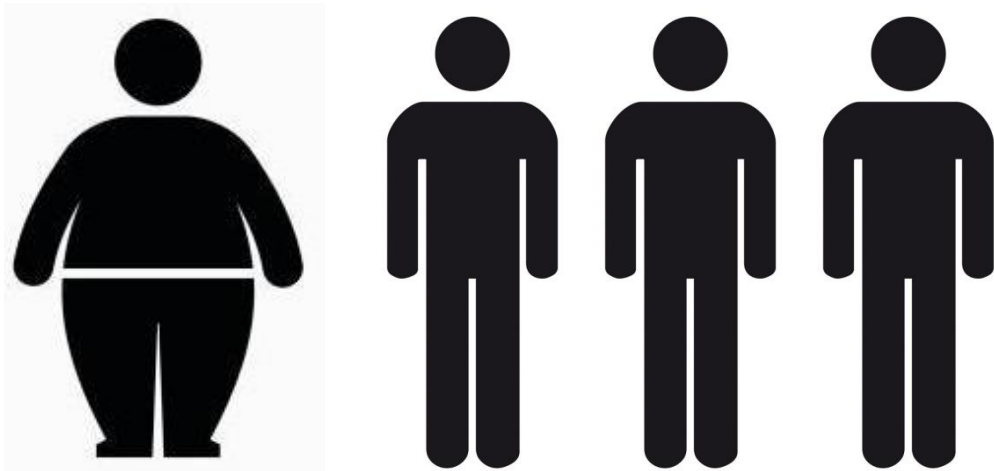
Source: ABS 2019



CURRENT SITUATION

OVERWEIGHT AND OBESITY

Children 5–17 years



2017–18

25% (17% overweight; 8% obese)

Similar for boys and girls

Source: ABS 2019



CURRENT SITUATION

PHYSICAL ACTIVITY – ADHERENCE TO GUIDELINE



Children aged 2–17

30%



Adults aged 18–64

48%



Adults aged 65 and over

25%

Source: AIHW 2018



CURRENT SITUATION

VEGETABLES AND LEGUMES/BEANS

Proportion of population with intake less than recommended serves

Age group (years)	Males (%)	Females (%)
2–3	99.0	99.9
4–8	100	100
9–11	99.3	99.5
12–13	99.6	99.6
14–18	99.5	99.3
19–50	98.3	95.8
51–70	94.5	92.5
71 and over	91.7	95.7



**With canned varieties, choose those with no added salt*

Source: ABS 2016a



CURRENT SITUATION

FRUIT

Proportion of population with intake less than recommended serves

Age group (years)	Males (%)	Females (%)
2–3	20.3	24.0
4–8	38.2	43.3
9–11	59.0	55.0
12–13	66.1	65.9
14–18	74.3	71.8
19–50	74.1	80.0
51–70	67.1	72.8
71 and over	60.4	73.5



**Choose those with no added salt*

Source: ABS 2016a



CURRENT SITUATION

GRAIN (CEREAL FOODS)

Proportion of population with intake less than recommended serves

Age group (years)	Males (%)	Females (%)
2–3	74.0	86.5
4–8	41.6	60.0
9–11	50.7	50.4
12–13	65.1	73.3
14–18	77.2	95.4
19–50	65.3	91.5
51–70	75.5	61.1
71 and over	48.2	37.3



**Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties*

Source: ABS 2016a



CURRENT SITUATION

LEAN MEATS AND ALTERNATIVES

Proportion of population with intake less than recommended serves

Age group (years)	Males (%)	Females (%)
2–3	84.1	99.9
4–8	99.6	99.8
9–11	96.5	99.8
12–13	95.8	99.3
14–18	85.1	98.6
19–50	82.5	94.7
51–70	70.5	72.3
71 and over	83.7	87.8



**Choose those with no added salt*

Iron

Women aged 19 – 15: One in three (30%) have iron intakes below requirements

Men aged 19 – 50: just 2.2%

Source: ABS 2015, 2016a

CURRENT SITUATION

DAIRY AND ALTERNATIVES

Proportion of population with intake less than recommended serves

Age group (years)	Males (%)	Females (%)
2–3	29.7	39.7
4–8	73.7	59.8
9–11	88.0	96.1
12–13	96.1	98.2
14–18	97.5	99.5
19–50	86.1	94.0
51–70	94.6	99.9
71 and over	99.5	99.9



Calcium

Children aged 2–3: 0.7% boys, 2.2% girls have calcium intakes below requirements.

Females aged 14 – 18 and 51 and over, this reaches more than 90%.

Source: ABS 2015, 2016a



CURRENT SITUATION

DISCRETIONARY FOOD

Proportion of energy intake that comes from discretionary food

Age group (years)	Males (%)	Females (%)
2–3	29	32
4–8	39	36
9–13	39	40
14–18	41	41
19–30	36	35
31–50	37	33
51–70	35	31
71 and over	36	32



Around 1/3 of energy intake across the population



Source: ABS 2014



CURRENT SITUATION

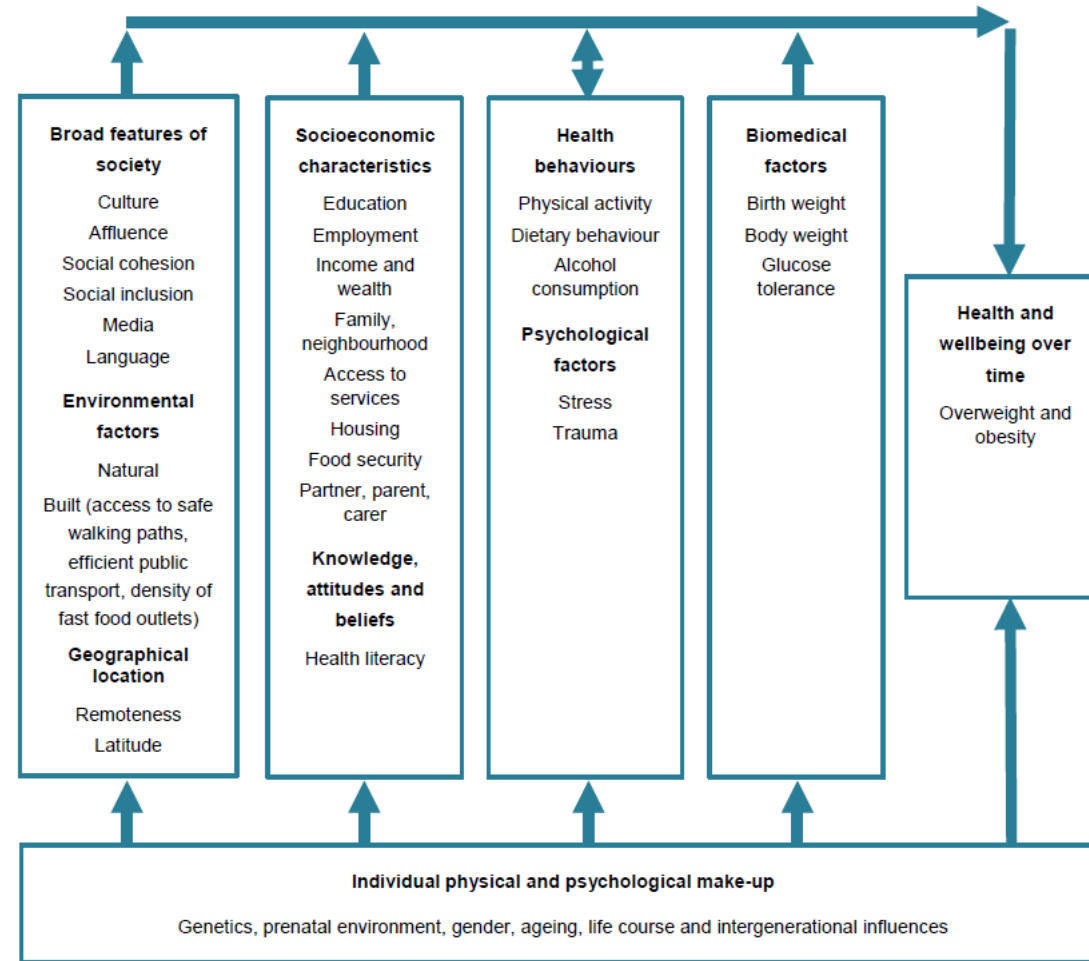
SATURATED FAT AND SUGAR

- Saturated fat: makes up 31% of energy intake for Australians aged 2+.
 - Around 13% from saturated and trans fats.
- Sodium intake for all Australians is around 300% of requirements).
- Intake of free sugars is high.
 - Around 7 in 10 children and adolescents have intakes exceeding the WHO recommendation

Source: ABS 2014, 2015, 2016b



DETERMINANTS OF WHAT WE EAT



Source: AIHW 2019



BRINGING ABOUT CHANGE

- Multi-faceted and sustained approach
 - Targeting modifiable risk factors
- Health promotion principles a useful tool
 - Governance
 - Health literacy and population health programs
 - Urban planning
- Key is to act in each of these areas



Current action

HEALTH STAR RATING

GOVERNANCE



- Introduced in 2014
- Compare nutritional quality of packaged foods
- Continuum of nutrition information panel
- Algorithm considers:
 - ‘risk’ nutrients (energy, saturated fat, sodium and total sugars)
 - added points for beneficial components (fruit, vegetable, nut and legume content, fibre and protein)



HEALTHY FOOD PARTNERSHIP

GOVERNANCE

- Aims to make healthier food choices easier.
 - Portion size
 - Industry packaging
 - Communication and education
 - Help explain ADGs
 - Reformulation
 - Saturated fat, sodium, sugar
 - Incentive is to enhance products' health star rating



MANDATORY FOOD FORTIFICATION

GOVERNANCE

- Specifications for fortification in the Food Standards Code.
- Folic acid and iodine now added to bread.
- NTDs reduced by 14.4% to 2011.
 - Teenagers: 54.8%; Indigenous women: 74.2%
- Iodine fortification help address deficiency
 - Pregnant and breastfeeding women still need more



NUTRITION CONTENT AND HEALTH CLAIMS

GOVERNANCE

- Introduced 2016.
- Standard 1.2.7 of the Food Standards Code.
- Nutrition content claims e.g. high in fibre.
- Health claims
 - General level: nutrient in food and effect on health.
 - High level: nutrient in food and relationship to disease.
- 200 pre-approved general level, 13 high level health claims.
- Foods carrying GL and HLHC must meet NPSC



NUTRITION CONTENT AND HEALTH CLAIMS

General level health claims	High level health claims
Calcium is necessary for normal teeth and bone structure	A diet containing a high amount of both fruit and vegetables reduces the risk of coronary heart disease
Iodine is necessary for normal production of thyroid hormones	A diet high in calcium enhances bone mineral density
Iron contributes to normal cognitive function	Folic acid reduces risk of foetal neural tube defects (Consume at least 400 micrograms of folic acid per day, at least the month before and three months after conception)
Folate is necessary for normal blood formation	A diet low in sodium reduces blood pressure
Vitamin A is necessary for normal vision	A diet high in calcium, and adequate vitamin D status reduces the risk of osteoporosis
Vitamin C contributes to iron absorption from food	A diet containing 3g of beta-glucan per day and low in saturated fatty acids reduces blood cholesterol



VALUE OF HOME ECONOMICS

HEALTH EDUCATION, LITERACY, POPULATION HEALTH PROGRAMS

- Home economics in schools plays key role.
 - Food knowledge, theory and skills.
- Home environment complemented/expanded in the home economics classroom. Source: Pendergast, Garvis and Kanasa 2013
- Value of nutrition education in schools reflected in [curriculum resources](#)
 - e.g. Victorian Curriculum F-10, healthy eating features in Design and Technologies and Health and PE.



HEALTHY EATING CAMPAIGNS

HEALTH EDUCATION, LITERACY, POPULATION HEALTH PROGRAMS





HOUSING DEVELOPMENT DESIGN

URBAN PLANNING

- Selandra Rise; Melbourne's south east growth corridor. Demonstration project.
- Aimed to encourage engagement in outdoor activity:
 - open space 300m from all dwellings
 - footpath layout to encourage walking or riding
 - parks with play areas and sports equipment
 - off-lease dog area.



HOUSING DEVELOPMENT DESIGN

URBAN PLANNING

- Heart Foundation's Healthy by Design resource.
- VicHealth's Food for all program, to enhance access to nutritious foods by influencing:
 - transport
 - housing
 - economic development
 - land use

<https://www.vichealth.vic.gov.au/programs-and-projects/food-for-all>



Suggested action



NATIONAL STRATEGIES

NATIONAL ACTION PLAN

- National strategy or action plan: underpin action
- Overarching framework to guide nutrition-related policies.
- Last national nutrition policy is dated 1992.
- In 2011 Federal Government announcement to begin revised National Nutrition Policy – no progress to date.



NATIONAL STRATEGIES

NATIONAL FOOD PLAN

- 2013: Australia's first ever national food plan released
- Ensure sustainable, globally competitive, resilient food supply; supports access to nutritious and affordable food.
- Included plans to
 - develop a national nutrition policy
 - funding for Stephanie Alexander gardens in >650 schools
 - funding to promote healthy lifestyles
 - PD to support teachers in food and agriculture.
- Change in government saw it not implemented.



NATIONAL STRATEGIES

NATIONAL OBESITY STRATEGY

- 2018: development of National Obesity Strategy announced.
- February 2019: National Obesity Summit.
- Brought together experts in obesity.
- No further information to date.



MANDATING FOOD REFORMULATION

- Current efforts voluntary collaboration.
- Public health calling for more stringent approach.

Source: Global Obesity Centre & Obesity Policy Coalition 2017

- Reformulation focus is in food technology and safety.
- Efforts not worthwhile unless accepted.
- Consumer behaviour plays important role.
- Gradual reformulation suggested.

Source: Regan 2017, Bobowski 2015, Levings 2014, Antunez 2016

MANDATING FOOD REFORMULATION

- Number of reformulation failures.





SUGAR-SWEETENED BEVERAGE TAX

- Intake of free sugars well above WHO recommendation.
- Public health call for 20% levy on 'soft drinks'.
- Aim to reduce intake.
- Evidence there is a reduction in sales (but has it resumed?).
- No evidence will reduce overweight and obesity.
- Not supported by Coalition or Labor parties.
- Lack of evidence and regressive nature.

Source: Global Obesity Centre & Obesity Policy Coalition 2017



OTHER SUGGESTED STRATEGIES

- Strategies work best as a ‘package’.
- Time-based restrictions on food and beverage ads.
- Mandate the Health Star Rating system.
- Fund high-impact public education campaigns.

Source: Global Obesity Centre & Obesity Policy Coalition 2017

- 2011–12 nutrition survey showed no clear food responsible for high energy intake.
- All discretionary food plays a role: important area to target.
- Substitution strategy has potential to reduce energy intake (Grieger et al. 2017).
- Guidance on discretionary food:

<https://www.srasanz.org/sras/resources/how-discretionary-foods-fit-healthy-diet/>

- Continue to do what can in absence of national plan.
- Home Economics profession plays an important role.
- Food and nutrition education and physical activity identified by government and public health.
- Continue efforts and discussions and be involved where possible.
- HEIA advocates in this area.



Thank-you

Questions

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