



# Eat Well Australia

## A Strategic Framework for Public Health Nutrition

2009 2010

Developed by the  
Strategic Inter-Governmental  
Nutrition Alliance of the National Public  
Health Partnership



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## Abbreviations and acronyms

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ANZFA	Australia New Zealand Food Authority
ATSIAC	Aboriginal and Torres Strait Islander Commission
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DHAC	Commonwealth Department of Health and Aged Care
NACCHO	National Aboriginal Community Controlled Organisation
<i>NATSINSAP</i>	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NFNMS	National Food and Nutrition Monitoring System
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NPHP	National Public Health Partnership
SIGNAL	Strategic Inter-Governmental Nutrition Alliance

## PART A - OVERVIEW

### Context and background

*Eat Well Australia* aims to improve the health of all Australians through better food and nutrition. This proposed national strategy has been developed by SIGNAL, the nutrition arm of the National Public Health Partnership, in recognition of the vital role food and nutrition plays in the health and wellbeing of all people.

Poor nutrition impacts on the normal development and potential of infants and children; it causes ill-health in adults; and it contributes to the development of chronic and life-threatening diseases such as heart disease, diabetes and some cancers.

The economic and social costs of poor nutrition are considerable. Obesity, a high fat intake and a low consumption of vegetables and fruit rank along side smoking as the most important preventable cause of ill health in Australia.

Improving Australians' diets therefore has the potential to cut health care costs and improve quality of life.

This strategic framework document provides an overview and summary of the initiatives detailed in the companion, detailed document ***Eat Well Australia: an agenda for action in public health nutrition 2000 – 2010***.

The ***National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)*** has been developed in concert with *Eat Well Australia* by a working party with Indigenous representation. The two strategies complement each other to provide an additional focus for improving the nutrition-related health status of Australia's Indigenous populations.

*Eat Well Australia* links to related public health strategies, such as Acting on Australia's Weight, the National Breastfeeding Strategy, the National Alcohol Plan, the National Mental Health Plan and the National Diabetes Strategy. It also builds upon and supports the public health nutrition strategies of State and Territory jurisdictions, and the contributions of numerous private sector firms and organisations, non government organisations, researchers, educators and public health professionals.

## Why invest in good nutrition?

There is unequivocal evidence that good nutrition is essential to good health throughout life, and is especially important for infants and children.

Infants born outside the healthy weight range tend to have higher rates of ill health in childhood, and possibly later in life. Under-nutrition in young children is suspected of contributing to an increased risk of obesity, diabetes, hypertension, cardiovascular disease, and renal disease in adult life. Some research suggests intra-uterine nutrition is also significant. Conversely, the increasing prevalence of overweight and obesity in childhood is also of concern.

Recent studies have quantified the burden of disease in Australia by calculating the number of Disability Adjusted Life Years (DALY) for specific conditions and risk factors.<sup>1,2</sup> Tobacco consumption is estimated to be responsible for 9.8% of total DALY. In comparison, nutrition also accounts for at least 10%, for example through obesity (4.7%), inadequate consumption of vegetables and fruit (2.8%) and high blood cholesterol (2.1%).

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1 Public Health Division, Department of Human Services; (1999) *The Victorian Burden of Disease Study: morbidity*, State Government, Victoria: Melbourne.

2 Mallor, C; Vos, T; Stevenson, C; (1999) *The Burden of Disease and Injury in Australia: summary report*, Canberra: AIHW.

Poor nutrition is a particular problem for Aboriginal and Torres Strait Islander peoples. For example, Aboriginal mothers are twice as likely to give birth to low birth-weight babies than other Australian mothers (see the full *NATSINSAP* document for detailed information on nutrition and Aboriginal and Torres Strait Islander peoples).

Nutrition issues are also significant in adult life. Eating a varied and healthy diet and keeping physically active can help to maintain independence in the later years, contributing to vitality and energy levels and to mental health and social functioning. This is increasingly important with an ageing population.

Estimates of the direct cost of diet-related diseases in the early 1990's were of the order of \$1.5bn. Adding the indirect costs of lost earnings and premature death brings this figure to over \$2.25bn.<sup>3</sup> Current figures are not available, but are likely to be greater. This figure may not translate directly into savings available from improving our diet, but it does indicate the scale of the impact of poor nutrition.

Although further research and innovation is needed, evidence already confirms that sound nutrition can have major personal, social and economic benefits. A well-nourished and healthy population contributes to economic development and to social and community cohesion. Investing in nutrition can help to contain costs in the health care system by reducing pressure on the acute care sector through reduced rates of illness and disease. Good health especially in later years, when a person is more likely to consume higher levels of health services, can reduce demands on services.

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3 Crowley, S., et al; (1992) *The Cost of Diet Related Disease in Australia*, Canberra: AIHW.

## Common interests and collaborative action

*Eat Well Australia* has been developed through comprehensive consultations with stakeholders across the food and nutrition field:

- surveys of stakeholders helped identify key issues;
- interviews gained the insights of key stakeholders;
- the current literature was reviewed;
- specialist expertise was sought in many areas;
- current State and Territory models were reviewed;
- a draft strategy was disseminated for public comment and submissions;
- seminars were held in each State/Territory to allow discussion and feedback; and
- SIGNAL members worked with State/Territory health and nutrition staff to refine several drafts.

With over 400 people consulted, *Eat Well Australia* provides a comprehensive framework to advance the public health nutrition agenda.

Stakeholders have shown enthusiasm and drive about working together on projects of common interest. At both State/Territory and national levels there are already precedents of strategic partnerships: between industry and government, industry and NGOs, government and NGOs, industry and professional groups and public research agencies.

This same process of consensus building was achieved in the development of *NATSINSAP*. The Aboriginal and Torres Strait Islander Nutrition Working Party has worked to complement the *Eat Well Australia* process, and in consultation with NACCHO and other

Indigenous groups nationally, has developed the most effective approach to nutrition promotion.

## Guiding principles

*Eat Well Australia* aims to develop strategic partnerships to improve the food and nutrition context in Australia and provide Australians with opportunities for better health throughout life. The strategies aim to make a measurable impact over the next ten years. *Eat Well Australia* is based on the following public health principles. It seeks to:

- make an impact on the whole of the population, not just high risk groups;
- combine the efforts of all sectors in a consultative environment;
- reduce health inequalities and raise the health status of disadvantaged groups;
- acknowledge public and consumer interests;
- facilitate partnerships based on clear ethics and protocols;
- provide for the capacity required to achieve success;
- base initiatives on the available evidence, and develop evidence where it is needed; and
- recognise that a living, sustainable strategy requires continuing research, innovation, evaluation and renewal.

## Structure and scope

The structure and scope of the detailed document, *Eat Well Australia: an agenda for action in public health nutrition, 2000-2010*, is ambitious and comprehensive. It identifies and describes 26 discrete action areas, each with a rationale for its inclusion, key objectives, potential partners, capacity requirements, performance indicators, operational links, funding implications and risks.

To provide a strategic framework of the key nutrition priorities, the action areas have been collapsed under three broad headings in Part B of this document and briefly described under 13 strategic directions:

### **Health gain**

- Promoting vegetables and fruit consumption
- Promoting healthy weight
- Promoting good nutrition for mothers and infants
- Promoting good nutrition for school-aged children
- Improving nutrition for vulnerable groups
- Addressing structural barriers to safe and healthy food

### **Capacity building**

- Investing in public health nutrition research
- Improving the effectiveness of interventions
- Building human resource capacity
- Communicating with the public

### **Strategic management**

- Steering and developing *Eat Well Australia*
- Developing nutrition policy and resources
- Monitoring progress in food and nutrition

### Tracking progress

#### **How will we know if *Eat Well Australia* is working?**

Each action area in the companion, detailed document *Eat Well Australia: an agenda for action* identifies data needs and proposes potential indicators. Overall, triennial reviews are recommended with a major evaluation in 2010. The ongoing development of a national nutrition and monitoring system is also recommended to help set parameters for evaluation data and provide the information needed for detailed monitoring.

***Eat Well Australia* proposes:**

- setting agreed indicators for each strategy;
- gathering monitoring evaluation data in real time;
- providing background and baseline data; and
- including monitoring and evaluation procedures in partnership agreements.

**Next steps for key partners**

The actions summarised in Part B, and described in detail in *Eat Well Australia: an agenda for action*, will need to be taken forward in partnership by organisations across many sectors. Governments have a major role in taking a lead, developing infrastructure support, and providing funding where appropriate. But to make a real impact on food and nutrition in Australia, all relevant organisations, whether industry, health, education, professional associations or NGOs, must make an effort to progress initiatives in areas within their scope and responsibility. Potential agencies to progress specific actions are detailed in the *Eat Well Australia: an agenda for action* document.

*Eat Well Australia* has been designed as a ‘living’ strategic framework. In a changing environment, new opportunities for improving Australia’s nutrition will occur and new challenges will arise. Some strategies will be seen as redundant or unlikely to succeed as circumstances change; resources and priorities will vary over its lifetime. *Eat Well Australia* will need to change with these movements, providing an overall coordinating framework, but not tying action to a fixed point.

The challenge to the nation is to create the vision to support and fund a decade of comprehensive initiatives. It is a vision which spans sectors and interests and which will benefit all Australians. The potential for return on our investment is high, and the risks are readily manageable.

For some groups, particularly Indigenous Australians, the alternatives are unacceptable.

### Key partners for Eat Well Australia

- Commonwealth and State/Territory governments, eg: departments of health, education, agriculture, industry, and transport
- Government agencies, eg: ANZFA, AIHW, NHMRC, ATSIAC
- Local governments
- Food industry
- Professional associations
- Non-government organisations, eg: health, consumer
- Health industry, eg: public, private, charitable
- Health services, eg: general practitioners, health professionals
- Media
- Universities and research bodies
- Community organisations, eg: NACCHO
- Education services
- Transport industry
- Families and individuals

## PART B – STRATEGIC DIRECTIONS

### 1. Health gain

Strategic directions under *Health gain* directly address the public health nutrition priorities of *Eat Well Australia*. They focus attention and resources in the areas where investment in nutrition can bring the greatest return in terms of health outcomes. They include:

- 1.1 Promoting vegetables and fruit consumption
- 1.2 Promoting healthy weight
- 1.3 Promoting good nutrition for mothers and infants
- 1.4 Promoting good nutrition for school-aged children
- 1.5 Improving nutrition for vulnerable groups
- 1.6 Addressing structural barriers to safe and healthy food

### 2. Capacity building

*Capacity building* refers to the development of the knowledge, practices and people needed to implement the programs articulated in *Eat Well Australia* including:

- 2.1 Investing in public health nutrition research
- 2.2 Improving the effectiveness of interventions
- 2.3 Building human resource capacity
- 2.4 Communicating with the public

### 3. Strategic management

*Strategic management* is essential for *Eat Well Australia* to develop the partnerships, systems and positioning for effective promotion, implementation, management and monitoring. Strategic management includes:

- 3.1 Steering and developing *Eat Well Australia*

3.2 Developing nutrition policy and resources

3.3 Monitoring progress in food and nutrition

## 1. Health gain

### 1.1 Promoting vegetables and fruit consumption

#### **Rationale**

The evidence is growing that consumption of vegetables (including legumes) and fruit at the recommended levels (7 serves per day) provides significant protection from 'lifestyle' diseases. These include Type 2 diabetes, hypertension, heart disease, stroke and cancer. At present, Australians consume an average of 4-5 serves per day, with some groups consuming significantly less. Increasing both average consumption and that of all social groups will have long term benefits in prevention of these diseases.

#### **Aims**

*Eat Well Australia* aims to increase average consumption per capita consumption of vegetables and fruit to five serves of vegetables and two serves of fruit a day. This means increasing both the number of people who consume vegetables and fruit every day and the amount eaten.

#### **Context**

Major retailers and industry groups, State/Territory Departments and health NGOs are already promoting increased consumption of vegetables and fruit. Professional associations are also important to this strategy, and the model developed by the Dietitians Association of Australia with Coles Australia serves as an example for other potential partnerships.

## **Actions**

First priorities include

- commission market research to inform nutrition promotion programs;
- establish a collaborative partnership for national promotion and related activities;
- encourage 'best buy' program models nationally;
- develop guidelines for the promotion of vegetables and fruit;
- work with Indigenous health groups on issues of supply to remote communities;
- map the food supply system, particularly in rural/remote areas to identify factors which influence supply for vulnerable groups and develop strategies to address these;
- support local and community programs in developing local initiatives;
- develop a coordinated approach to the promotion of vegetables and fruit in schools; and
- develop national and state-based partnerships between governments, industry and NGOs.

[Refer also to *NATSINSAP* action area *Food supply in remote and rural communities*.]

## 1.2 Promoting healthy weight

### **Rationale**

Australia, like other western countries is facing an epidemic of overweight and obesity. The number of Australians who are obese has doubled in the last ten years, affecting around one in five people. Disturbingly, more Australian children are overweight or obese than at any time in our recorded history. Overweight and obesity is also a

problem for many Aboriginal and Torres Strait Islander peoples. Urgent action to reverse this trend is required to avoid placing an increasingly heavy burden on our social, economic and health systems.

The causes and prevention of overweight and obesity are complex. However, it seems that the interplay of inherited tendencies with the modern sedentary lifestyle and changing diet explains the current trend.

The evidence suggests that tackling overweight and obesity requires a high degree of sensitivity, long-term commitment and cooperative actions by the public and private sectors. We need to make it easy for people to be active and eat a healthy diet throughout life.

### **Aims**

*Eat Well Australia* aims to halt the trend of increasing overweight and obesity in the Australian community by giving added impetus to implementing the NHMRC strategic plan *Acting on Australia's Weight*; by coordinating action between national strategies that focus on promoting healthy lifestyles; and by improving clinical treatment standards.

### **Context**

Further work by the research sector is needed to identify what will succeed in preventing overweight and obesity. Partnerships can then be based on effective strategies combining the resources and actions of government (health, transport, education, agriculture) with non-government organisations and the private sector.

### **Actions**

First priorities include

- develop guidelines for the prevention, management and treatment of obesity in clinical settings and for community-based programs;
- design and develop model regional or population level projects ;

- develop a communication strategy to increase awareness of the serious impact of overweight and obesity;
- better align foods eaten outside the home with the *Dietary Guidelines for Australians*; and
- reach consensus on systems and tools to monitor trends in overweight and obesity.

[For the actions that focus on preventing obesity in children see *1.4 Promoting good nutrition for children*. Refer also to *NATSINSAP* action areas *Food supply in remote and rural communities*, *Family focused nutrition promotion*, and *Nutrition issues in urban areas*.]

### 1.3 Promoting good nutrition for mothers and infants

#### **Rationale**

Research is continuing to point to maternal and early nutrition as important in a person's health over the whole of their lifespan. Infants born outside the healthy weight range tend to have higher rates of ill health in childhood, and possibly later in life. Low levels of critical nutrients during pregnancy, such as folate, iron or calcium, are now accepted as leading to developmental problems, although other factors, such as alcohol or tobacco are often also present. Breastfeeding has also been shown to protect against asthma and infectious and 'lifestyle' diseases, while inappropriate introduction of solid foods can lead to either obesity or malnutrition.

Poor maternal and infant nutrition is most often associated with low income groups, teenage mothers, Indigenous women and some ethnic groups. Low birth weight babies are a serious problem in some Australian Aboriginal communities.

## **Aims**

*Eat Well Australia* aims to increase the proportion of babies born within the healthy weight range, and the proportion of mothers with adequate intakes of key nutrients, including folate, iron and calcium. It also aims to increase the number of babies breastfed to six months of age, and the proportion of mothers introducing solids in line with NHMRC Guidelines. *Eat Well Australia* focuses on at risk groups, including Indigenous mothers and infants, for particular attention through improved research and interventions at community level.

## **Context**

There are many potential strategic partners in this area, including health services and hospitals, community and maternal groups, the baby and infant foods industry, Indigenous and special interest groups, research and health professional groups.

## **Actions**

First priorities include

- review and promote the best of the many existing program initiatives from all sectors;
- develop new measurement standards for breastfeeding and infant growth;
- establish criteria for effective interventions and disseminate good practice models;
- review folate initiatives, assess the state of knowledge on maternal nutrition and the potential for guidelines for pregnant and lactating women;
- develop policy and programs addressing healthy weight issues for young children;
- resource, develop and evaluate Indigenous access and participation in antenatal and postnatal care programs; and

- support initiatives such as the Baby Friendly Hospital initiative.

[Refer also to *NATSINSAP* action areas *Food supply in remote and rural communities*, *Family focused nutrition promotion*, and *The environment and household infrastructure*.]

## 1.4 Promoting good nutrition for school-aged children

### **Rationale**

The National Nutrition Survey (1995) found that 23% of children were at risk of becoming overweight, and in some Indigenous communities the rate is over 17%. Childhood obesity is associated with high-energy diets and low levels of physical activity. Problems relating to poor body image are also on the increase.

Children need good nutrition to develop and grow to their potential, to be protected against chronic disease in later life, and to participate in cultural life around food. Educating them about preparing food, healthy eating and the social role of food will help promote good eating habits into adulthood. Finding ways of doing this cross-culturally is a particular challenge.

### **Aims**

*Eat Well Australia* seeks to increase the number of children who fall within the healthy weight range by promoting good eating habits and physical activity. It also aims to increase the availability of healthy meals and snacks for children in schools, care centres and other institutional settings. More broadly, it seeks to promote positive attitudes to food and body image among children.

### **Context**

Governments will continue to work with the many groups already active in this field, such as the Health Promoting Schools Association of Australia, Home Economics Institute of Australia, school canteen

associations, sporting, education, youth, public and dental health and related professional groups.

### **Actions**

First priorities include:

- identify best practice programs and materials across a range of settings, issues and age groups, and disseminate information about these programs;
- review research on food advertising and the adequacy of the Television Advertising Code for Children and recommend any changes to the code, compliance monitoring of other related practices;
- review food supply strategies for school canteens and identify any appropriate support;
- develop best practices in preventing eating disorders and support demonstration initiatives; and
- assess funding options targeting children at risk.

[Refer also to *NATSINSAP* action areas *Food supply in remote and rural communities*, *Family focused nutrition promotion*, and *The environment and household infrastructure*.]

## 1.5 Improving nutrition for vulnerable groups

### **Rationale**

Some Australians find it difficult to obtain enough food, and the right food important to living active and healthy lives. This can be a chronic problem or occur only at certain times. Those who are poor, socially or physically isolated, frail, elderly, chronically ill or living with a disability are especially vulnerable. For many people these factors readily compound, so they are at greater risk of poor nutrition.

Ensuring that vulnerable people have access to enough and good quality food is a complex issue. Welfare agencies currently struggle to provide high quality food to all those in need. Some people receiving government services may have food and nutrition problems that are unrecognised. Many agencies working with these groups do not have sufficient expertise or resources to provide optimal food and nutrition services.

### **Aims**

*Eat Well Australia* aims to influence services, work practices and policies of agencies that have contact with vulnerable people and so improve their clients' access to adequate amounts of nutritious food.

### **Context**

Government and non-government agencies with expertise in relevant fields - from the welfare sector at a national and the community sector at a local level - make a concerted effort with established and ongoing programs to address the health needs of vulnerable groups. These groups include the elderly, those on low incomes, people with disabilities, chronically ill people, and Aboriginal and Torres Strait Islander peoples.

### **Actions**

First priorities include:

- review the range of existing services, identify where services impact on food and nutrition and recommend organisational changes, training needs and resource requirements;
- disseminate resources and models of effective food and nutrition initiatives for vulnerable people across jurisdictions and sectors;
- provide nutrition information and support to welfare providers;

- develop nutritional guidelines for agencies that provide meal services for vulnerable groups and recommend ways to ensure they are adopted; and
- provide expert advice on nutrition training needs to the community services sector as opportunities arise.

[Refer to *NATSINSAP* for detailed actions addressing Aboriginal and Torres Strait Islander nutrition needs]

## 1.6 Addressing structural barriers to safe and healthy food

### **Rationale**

The food Australians eat is not simply a matter of personal choice or knowledge. Policies and social, physical and economic factors all influence the food people eat. Some of these factors are town planning norms, public transport, food supply systems and transport costs, food advertising practices, competitive prices for food and user friendly shopping.

### **Aims**

*Eat Well Australia* aims to influence all relevant policies and practices so that all Australians have access to safe, affordable and culturally appropriate food.

### **Context**

Vulnerable groups are particularly affected by structural factors or policies that impact on their income, the food supply, access to services and the cost of food. For example, food is often more expensive and there is less choice in rural and remote places.

Activities like promoting vegetables and fruit consumption will be more successful for certain groups if structural factors that limit the availability of product or increase prices are also addressed.

## **Actions**

First priorities include:

- disseminate advice on the potential impact of relevant policies, so that they take account of nutrition issues;
- develop bipartisan government support for initiatives that address structural barriers to food access;
- identify actions that retailers, food manufacturers and private transport can take;
- recognise and publicly congratulate organisations that change their practices;
- consider a remote food subsidies program by governments in collaboration with non-health government agencies and the private sector;
- improve access to healthy food including traditional foods for Indigenous peoples; and
- review and disseminate evidence on ways to address local structural barriers that impact on the consumption of healthy food.

[Refer also to *NATSINSAP* action areas *Food supply in remote and rural communities* and *The environment and household infrastructure*.]

## 2. Capacity building

### 2.1 Investing in public health nutrition research

#### **Rationale**

Investing in agreed public health nutrition priorities is essential so that *Eat Well Australia's* activities are based on the best available research evidence. Investment may come from both government and private sectors, and the results will inform decision-makers in all sectors.

Research into good practice will also give nutrition workers the tools to implement more effective programs.

## **Aims**

*Eat Well Australia* aims to increase the amount and proportion of public and private sector funding for agreed public health research priorities. It also aims to establish protocols to maintain research standards and credibility, whoever the funding body may be.

## **Context**

Currently, public health nutrition research receives comparatively low levels of funding. Few of the existing funding bodies - NHMRC, government health agencies, CSIRO, health NGOs and industry organisations – provide for applied public health nutrition research. No single body or sector will be able to fund all the research needed, so if all groups can agree on research priorities, a coordinated research program could be developed to enhance *Eat Well Australia's* goals.

The Commonwealth Government's major vehicle to improve the research base of public health nutrition in Australia is the NHMRC. Potential partners exist in other jurisdictions and all sectors, with research of many different kinds being undertaken already.

## **Actions**

First priorities include:

- identify and set priorities for relevant scientific and applied research;
- develop and trial practice based guidelines and intervention programs;
- commission reviews of existing evidence to inform *Eat Well Australia* nutrition promotion priorities;
- investigate the establishment of a research-focused National Foundation for Nutrition which has public and private funding;
- governments, industry groups and peak NGOs to establish joint research topics/areas of interest;

- governments, industry, NGOs, NPHP, and NHMRC to establish agreement on protocols for conducting joint research;
- promote benefits and requisite protocols for partnerships in research;
- invest in particular priority areas such as factors behind low birth weight and poor infant and maternal nutrition; and
- identify research needs on the impact of poverty and disadvantage, and the impact of government policies, on food consumption.

[Refer also to *NATSINSAP* action areas *Food security and socioeconomic status* and *National food and nutrition information systems*.]

## 2.2 Improving the effectiveness of interventions

### **Rationale**

As a ten-year strategy, *Eat Well Australia* will see many innovations which could be used in other locations or settings, at a community, agency and industry level. Additional opportunities for developing well-understood and innovative solutions to public health nutrition problems will come from commissioned intervention research. However, opportunities are lost if successful models, key research and innovative practice are not broadcast.

Getting the results of research and news about innovative practice to the right audience is key to improving public health nutrition because practitioners and policy makers often under-use research. Further, issues faced by practitioners often go unrecognised by researchers, as there is limited contact between the two groups.

### **Aims**

*Eat Well Australia* aims to resolve public health nutrition problems by promoting innovative solutions and actively providing practitioners with information on innovative practice, important research results and best practice.

## **Context**

Many of those consulted over *Eat Well Australia* wanted better access to Australia-wide research and information on programs. They were motivated to become a partner in *Eat Well Australia's* activities because they felt that having better information would improve their own work.

Practitioners, academic researchers and decision-makers all have a role to play in improving the quality and effectiveness of public health nutrition programs and in introducing new ideas. *Eat Well Australia* could facilitate formal links between these groups at every opportunity.

## **Actions**

First priorities include:

- disseminate scientific reviews, innovative practice, successful intervention models and guides for best practice through established State, professional and organisational networks, conferences, newsletters and by posting on SIGNAL/NPHP website;
- support national public health nutrition conferences;
- encourage research funding bodies and researchers to disseminate their results, including progress reports to community/Indigenous health organisations;
- develop formal links between State-based nutrition networks and public health nutrition research consortia;
- develop a cross-sector national public health nutrition panel to scan national and international research and practice development and promote appropriate innovation;
- encourage funding or a grants program for innovative research and practice development; and
- sponsor a national award system for innovation in public health nutrition.

[Refer also to *NATSINSAP* action area *National food and nutrition information systems*.]

## 2.3 Building human resource capacity

### **Rationale**

Careful planning, good management and an adequate infrastructure will be needed to realise the goals of *Eat Well Australia*. Successful implementation will need an appropriately sized and skilled public health and primary health care workforce to deliver programs.

One important way to improve an organisation's capacity to understand and be involved in *Eat Well Australia's* activities is to provide training and education at the right level for key management and operational staff. For public health managers and their workforce, tertiary education and in-service training needs to be expanded. For those who work in the private or non-health government sectors and for many in primary health care, program specific training is an effective way of improving their capacity to be involved.

The public health workforce will bear much of the responsibility for implementing *Eat Well Australia*, and it is uncertain if the workforce is large enough to meet this task. Further, the systems in place to deliver *Eat Well Australia* programs vary considerably across states and there may be lessons to learn in reviewing them.

### **Aims**

*Eat Well Australia* aims to improve the capacity of organisations and their workforces to support and deliver public health nutrition programs.

### **Context**

There are many partners who will be involved in any systematic approach to define the workforces involved in public health nutrition and their capacity to deliver *Eat Well Australia* interventions. These partners include the education and training sector, professional organisations, major employee organisations (both public and private), and experts in workforce development.

## **Actions**

First priorities include:

- investigate the workforce requirements, including training needs and the systems necessary to deliver activities in light of current funding arrangements, workforce capacity and composition;
- include public health nutrition training as part of a new monitoring system of public health workforce needs;
- offer training packages tied to implementation of *Eat Well Australia* activities;
- expand and extend flexible learning specialist public health nutrition courses and public health courses, and further integrate effective public health nutrition approaches into existing general public health coursework;
- commission the development of training modules/strategies for nutrition promotion;
- develop a nutrition component, and associated resource materials, to support on-the-job training; and
- audit and review nutrition course work and competencies across workforces relevant to *Eat Well Australia* as needed.

[Refer also to *NATSINSAP* action area *Aboriginal and Torres Strait Islander nutrition workforce*.]

## 2.4 Communicating with the public

### **Rationale**

*Eat Well Australia* and *NATSINSAP* both need be communicated to the public and to engage key stakeholders. Communicating the aims, and the achievements, of the strategies will be important to gain the support of the community, the health sector and potential sector partners. This will in turn help to ensure that resources are committed to the strategy over the longer term, and that potential partners are acknowledged and

encouraged to participate. At the same time, the broader public needs to be provided with consistent and clear messages about nutrition and food composition.

### **Aims**

*Eat Well Australia* aims to raise public awareness and support, and to increase current and potential stakeholders' commitment. It seeks to promote clarity and consistency in nutrition messages that will inform and empower people.

### **Context**

Government will play a key role in communicating the objectives of *Eat Well Australia*. However, the whole range of stakeholders in the food and nutrition field including scientific and professional associations, food industry groups, NGOs and peak organisations, educational and community agencies and the media also have an important role.

### **Actions**

First priorities include:

- implement a communication strategy targeting both stakeholders and the general public;
- develop a website that provides up-to-date information on *Eat Well Australia* and *NATSINSAP* as well as other public health nutrition issues;
- support national public health nutrition conferences;
- work with established professional and organisational networks and consultative groups to disseminate *Eat Well Australia* and *NATSINSAP* to the public generally and to sector interests;
- work with stakeholders to agree on a common set of nutrition messages and then develop consumer-friendly messages and resources for promotional programs and for broader general education;

- encourage sector partners to develop communication strategies to support the *Eat Well Australia* nutrition messages;
- commission research into effective dissemination and fund culturally appropriate resources based on the Australian Guide to Healthy Eating, for large ethnic minorities;
- develop regulations relating to food in response to new scientific knowledge, particularly in relation to food labelling; and
- develop a plan for educating the public and health practitioners on matters relating to food regulation, particularly food labelling.

[Refer also to *NATSINSAP* action area *Nutrition issues in urban areas.*]

## 3. Strategic management

### 3.1 Steering and developing *Eat Well Australia*

#### **Rationale**

The NPHP, and its nutrition subcommittee SIGNAL, are in the ideal position to support the implementation of *Eat Well Australia* and to work with Indigenous health organisations on *NATSINSAP*. These two complex and long term strategic initiatives require considerable planning, promotion and coordination with adequate resourcing.

*Eat Well Australia* is fundamentally an investment in strategic alliances and programs that integrate and build development. Successful implementation of the strategy will depend on building and maintaining both strong and flexible partnership arrangements. Governments may take the lead, but it is important that the interests of all stakeholders are respected, within a framework for public health benefit.

#### **Aims**

*Eat Well Australia* and *NATSINSAP* implementation over the next decade using both formal networks and flexible partnership

arrangements, can multiply the public investment available for research, intervention, monitoring and program management.

### **Context**

Governments will need to work initially through the NPHP to establish their capacity for the implementation, promotion and management of *Eat Well Australia*. This will lead to consultations with key stakeholders in all sectors to establish the models and protocols for collaboration amongst strategic partners.

### **Actions**

First priorities include:

- develop priorities for implementing *Eat Well Australia* at the local, regional, state and national level;
- work with Indigenous health agencies to prioritise *NATSINSAP* ‘first phase’ activities;
- work through the NPHP to review current materials and best practices in partnerships, and develop national protocols, guidelines and resources;
- establish a small strategic management team to initiate implementation;
- establish formal mechanisms and working relations with food industry and NGO representative bodies, government and national peak bodies involved in regulation and policy development;
- establish a partnership development process within and across initiatives and sectors; and
- disseminate these partnership models and protocols to stakeholders at all levels within its communication strategy, and employ them in facilitating partnerships.

## 3.2 Developing nutrition policy and resources

### **Rationale**

Developments in scientific research and food technology, and changing environmental and social factors, mean that food and nutrition policies and instruments need to be continually updated. Up-to-date public policy is needed for stakeholders to pursue their roles effectively, as ambiguity or gaps in policy result in conflicting actions, creating barriers to intersectoral activity and confusion in the community.

The public health nutrition system also needs to improve its capacity to make rational, evidence-based decisions on resource allocation. This is becoming increasingly important with competition for public resources. Funding decisions within and parallel to *Eat Well Australia* need to take into account allocative and technical efficiency without losing sight of equity considerations.

### **Aims**

*Eat Well Australia* aims to identify public health nutritional issues requiring a policy response, and to achieve consistency between the policy roles of relevant Commonwealth and State/Territory health agencies. It also seeks to improve the measurement of the social and economic benefits of investments in public health nutrition and provide health planners, public health nutritionists and decision-makers with advice based on such economic modelling.

### **Context**

Governments, agencies such as NHMRC, ANZFA and AIHW, as well as industry, NGOs, Indigenous and research agencies, all have an existing role in the development and delivery of food and nutrition policies and their implementation.

## **Actions**

First priorities include:

- identify public health nutrition policy issues and provide timely advice to appropriate government agencies;
- clarify the roles and responsibilities of agencies in relation to policy development;
- update the *Dietary Guidelines for Australians* and the *Recommended Dietary Intakes for Use in Australia*;
- review the work done to date on ‘attributable risk’ and expand its application to public health nutrition;
- apply a range of economic measures, such as ‘burden of disease’, capacity to benefit, and Program Budgeting Marginal Analysis to initiatives;
- seek opportunities through the Public Health Evidence Base Mechanism for assessing nutrition and physical activity interventions and initiatives;
- disseminate the National Public Health Planning and Practice Framework to public health nutrition practitioners; and
- explore potential applications of economic modelling to Indigenous health initiatives.

### 3.3 Monitoring progress in food and nutrition

#### **Rationale**

A coordinated national food and nutrition monitoring system is needed to provide appropriate data for policy development, coordination and review, for program planning and evaluation, for reporting against national goals and targets, and reporting internationally. The development of standard methods and procedures for collecting data

will improve comparability of data collected by different organisations and in different locations and over time.

More specifically, monitoring of both *Eat Well Australia* as a whole, and individual initiatives requires appropriate indicators and data. *Eat Well Australia* including *NATSINSAP*, is a new and complex strategic framework, and sound evaluation will be necessary to direct appropriate, effective and efficient implementation.

### **Aims**

*Eat Well Australia* aims to ensure the public health nutrition information base is adequate to evaluate current practices, to identify emerging trends and information requirements, to provide *Eat Well Australia* with evidence for planning, monitoring and evaluation.

### **Context**

DHAC and national agencies need to work closely with all jurisdictions to clarify and resource the complex information requirements of public health nutrition. Much work has already been done in this field by health departments, AIHW, ANZFA, NHMRC, CSIRO, ABS, and by academic and other research groups.

Data are currently collected by many groups, both nationally and in jurisdictions but methods are not consistently standardised and some data-sets cannot be linked. In 1999, the Commonwealth Department of Health and Aged Care funded the development of a National Food and Nutrition Monitoring System to address a broad range of current needs in national monitoring. This system is still in its early stages and will need further development and resourcing.

### **Actions**

First priorities include:

- provide a long-term base for a coherent and consistent National Food and Nutrition Monitoring System (NFNMS);

- provide for the continuing evaluation *Eat Well Australia* over 3, 6 and 10 years, and clarify indicators and data sources needed for assessing its short and long term impacts;
- disseminate NFNMS information and data to policy makers, the research sector, practitioners and other stakeholders;
- maintain an updated Australian food composition database;
- develop guidelines for incorporating monitoring and evaluation into *Eat Well Australia* initiatives;
- identify priority areas for review every 3 years and external evaluation after 6 and 10 years; and
- update national and State/Territory food and nutrition policies using *Eat Well Australia* evaluations and reviews.

[Refer also to *NATSINSAP* action area *National food and nutrition information systems*.]

## APPENDIX

### SIGNAL Membership (as of September 2000)

Prof John Catford, Department of Human Services, Victoria

Ms Patricia Carter, Health Promotion SA, South Australia (previously Ms Michelle Herriot)

Mr Maarten van der Kleij, Department of Health and Community Care, ACT (previously Ms Lynette Brown)

Ms Vivienne Hobson, Territory Health Services, Northern Territory

Dr Amanda Lee, Queensland Health, Queensland (previously Ms Dympna Leonard)

Dr Katrine Baghurst, NHMRC, Health Advisory Committee (previously Dr Karen Webb)

Ms Sue Jeffreson, ANZFA (previously Ms Janine Lewis)

Mr Phillip Vita, NSW Health Department, NSW (previously Ms Jane Moxon)

Ms Cathy Campbell, Health Department WA, Western Australia (previously Ms Robyn Miller)

Ms Judy Seal, Department of Health and Community Services, Tasmania

Mr Rowland Watson, Department of Human Services, Victoria

Dr Tim Armstrong, Australian Institute of Health and Welfare

Ms Judy Blazow, Commonwealth Department of Health and Aged Care

Prof Colin Binns, Independent Expert, Curtin University

Dr Geoff Marks, Independent Expert, University of Queensland

Ms Aletia Twist, Independent Expert, Thursday Island District Health Service

Prof Ian Caterson, Independent Expert, University of Sydney

Mr Colin Sindall, Observer, Commonwealth Department of Health and Aged Care

Ms Elizabeth Aitken, Observer, Ministry of Health New Zealand

Ms Georgia Tarjan, Secretariat, Commonwealth Department of Health and Aged Care (previously Ms Fidelma Rogers)

Ms Michelle Patterson, Secretariat, Commonwealth Department of Health and Aged Care (previously Ms Catherine Deeps)