

2 June 2022

Hon Mark Butler MP
Minister for Health and Aged Care
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

*By email: mark.butler.mp@aph.gov.au
Tomasz.Skladzien@aph.gov.au*

Dear Mark,

Congratulations on being elected in the 47th Parliament of Australia and your appointment as Minister for Health and Aged Care. We are very much looking forward to working with you over the next three years.

Dietitians Australia is the national association of the dietetic profession with over **8,000 members across Australia**, and branches in each state and territory. Our members reside in **every electorate** in Australia. In your electorate of **Hindmarsh**, we have **52** Dietitians Australia members.

Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia also administers the Accredited Practising Dietitian (APD) program, which provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia.

As the professional body for dietitians and the leading voice in nutrition and dietetics, we would like to work collaboratively and closely with you as Minister for Health and Aged Care. It was disappointing that the former LNP Government Health Minister never once met with us in person. We would like to reset this relationship with the new Albanese Labor Government.

We have written to Federal Treasurer Hon Jim Chalmers MP and Finance Minister Hon the Senator Katy Gallagher and provided them with opportunities to make budget savings, as outlined in this letter. We have also written to Aged Care Minister Hon Anika Wells MP, Assistant Minister for Health and Aged Care Ged Kearney MP and Assistant Minister for Mental Health Assistant Minister for Rural and Regional Health Emma McBride MP.

By investing in preventative health measures, we can improve the health, wellbeing and quality of life of Australians whilst, providing greater return on investment in the national budget.

Below are our Federal Election requests with additional information. We have also outlined two opportunities for you to speak to our members as Minister for Health and Aged Care.

INVITATIONS

Meeting Request:

We would like to meet with you at your earliest convenience to discuss commitments made prior to the election and how we can help you for the next three years in Government. Ideally, we would prefer this meeting to be in person. We are based in Canberra, but are willing to travel to a location that suits you.

To organise the meeting please contact my Executive Assistant, Narelle Barrie, on 02 6189 1221 or nbarrie@dietitiansaustralia.org.au.

Invitation to open Dietitians Australia National Conference:

We would like to invite you to officially open the 2022 Dietitians Australia conference and address our membership. The Conference opening session will be **Monday 15th August 2022, 9am-9:30am at the Adelaide Convention Centre.**

Providing the first opportunity to gather face-to-face since 2019, dietetic and nutrition professionals from around the country are looking forward to gathering for an exciting scientific program featuring local and international [plenary speakers](#) and a sensational social program.

In addition, we would be delighted to welcome you with a complimentary ticket to either of the below functions:

- Sunday 14 August, Welcome Reception, Exhibition Hall - Adelaide Convention Centre 5.30pm - 7.00pm
- Monday 15 August, Conference Dinner including the Dietitians Australia Awards Ceremony, National Wine Centre, 7.00pm onwards.

More details on the Conference can be found at: <https://da2022.com.au/>

This will be a wonderful opportunity to network with Dietitians from across Australia and learn more about the work our profession does every day to improve the health, wellbeing and quality of life of Australians.

To confirm your availability please contact my Executive Assistant, Narelle Barrie on 02 6189 1221 or nbarrie@dietitiansaustralia.org.au.

Invitation to open Dietitians Australia new office building:

Dietitians Australia is moving into a new office space in Woden, Canberra. It is anticipated the space will be ready to move into by end July, 2022.

We would like to invite you to officially open this new office space. We are flexible on the date and time of the opening (after the completion date) and would work around your availability and schedule. We would invite the Canberra media to attend along with colleagues from other peak bodies, our board and staff.

To confirm your availability please contact my Executive Assistant, Narelle Barrie on 02 6189 1221 or nbarrie@dietitiansaustralia.org.au.

FEDERAL ELECTION AND ON-GOING PRIORITIES:

Dietitians Australia is calling on the Albanese Government to support the following requests, to improve the health and wellbeing of Australians. References for the statistics and studies can be provided on request or if needed.

Prior to the election, we compiled an election score card for the LNP, ALP and Greens to complete. The scorecard and the responses from each of the parties can be viewed here:

<https://dietitiansaustralia.org.au/advocacy-and-policy/federal-election-scorecard>

AGED CARE

Request:

1. Malnutrition to be included in the National Aged Care Mandatory Quality Indicator Program for both residential and in-home aged care. The framework for screening of malnutrition risk must include:

- a. Initial and ongoing training of all care staff and support workers who provide in-home and residential aged care re: use of the validated malnutrition screening tool.
- b. Prompt referral of all identified as being malnourished to an Accredited Practising Dietitian (APD) for nutrition intervention.
- c. Minimum standards for the documentation of screening results and follow up.

2. Mandating, as a condition of receiving the Basic Daily Fee supplement, that every Residential Aged Care home undergoes an annual on-site Menu and Mealtime Quality Assessment performed by an Accredited Practising Dietitian.

The Commonwealth Royal Commission into Aged Care Quality and Safety brought to the forefront widespread food and nutrition issues and highlighted the critical role of dietitians in aged care. The two election priorities above directly address the Royal Commission recommendations 19 and 112.¹

Need:

In residential aged care, Australian studies have identified a prevalence of malnutrition from 22% up to 50%. Malnutrition is known to increase the risk of falls, pressure injuries and hospital admissions, and has adverse outcomes on mortality.

Dietitians working in the aged care sector tell us:

- Malnutrition continues to be an ongoing problem in the absence of mandatory 'malnutrition' screening or its inclusion in the National Aged Care Mandatory Quality Indicator Program for residential aged care (noting 'unplanned weight loss' is not a good proxy for malnutrition).
- The standard of food and nutrition continues to be poor in many residential aged care homes and unchanged from 20 years ago. Some residential aged care homes are doing very well with their food offerings – but that's a minority.
- Catering for a range of needs in aged care is not easy – different food preferences, dietary needs and swallowing abilities all need to be considered. Residential aged care homes do not have evidence-based 'National Meal Guidelines' to guide their food purchases, menu development or food offerings in order to meet the unique nutrition needs of older Australians.
- Cooks and chefs in residential aged care need the support of an Accredited Practising Dietitian to meet the needs and preferences of residents in terms of food quality, nutrition, taste, texture and the dining experience. However, there are no mandates, incentives or

support for homes to engage an Accredited Practising Dietitian to improve their food and nutrition.

- Residents with swallowing difficulties must be provided with tasty, well-presented meals and snacks that are compliant with standardised food textures and drink thicknesses at all times, but this is sadly not the case in many homes.

Basic Daily Fee Supplement

Dietitians Australia has received feedback from its members that very few residential aged care homes have used the Basic Daily Fee supplement (an additional \$10 per resident per day) to improve their food and nutrition. Catering companies, chefs and cooks from many homes report their food budgets have not increased since the introduction of the supplement, nor have they had input in the Basic Daily Fee quarterly report. In the absence of increased food budgets or mandatory on-site 'Menu and Mealtime Quality Assessments' conducted annually by an Accredited Practising Dietitian, the intent of the Basic Daily Fee supplement to improve food and nutrition is unlikely to be realised.

Dietitians Australia considers it vital, as a matter of urgency, to imbed an annual 'Menu and Mealtime Quality Assessment' conducted on-site by an Accredited Practising Dietitian in the reforms to improve the appalling state of affairs for food and nutrition in residential aged care. The current lack of provision of adequate nutritious food and fluids represents elder abuse by neglect or omission.

Reporting Aged Care Homes who are not meeting the required standards

All breaches of aged care home standards should be reported to the regulator, but it is not always possible in practice. Some of our members and other staff work in towns with very few aged care homes and they are scared (despite assurances of anonymity) that they will be identified as the complainant, be targeted and lose their positions.

The Department and the regulator need to consider anecdotal feedback and the feedback of professional membership bodies such as Dietitians Australia to identify systemic issues.

Unplanned weight loss alone is not a reliable indicator of malnutrition

Please find attached Dietitians Australia's 'Position Statement on Malnutrition in Aged Care'.

While 'unplanned weight loss' is currently included as a quality indicator in Australia as part of the National Mandatory Quality Indicator Program, malnutrition risk and malnutrition prevalence are not captured in this current quality indicator.

Malnutrition is required as an independent quality indicator in routine monitoring of aged care quality and safety in Australia for both in-home aged care and residential aged care.

According to the American Society for Parenteral and Enteral Nutrition (ASPEN) and the Academy of Nutrition, malnutrition may be defined as two or more of the following characteristics: low energy intake, weight loss, loss of muscle mass, loss of subcutaneous fat, fluid accumulation and hand grip strength.

The Global Leadership Initiative on Malnutrition (GLIM) suggests that at least one phenotypic criterion (non-volitional weight loss, low body mass index (BMI) or reduced muscle mass) and at least one etiologic criterion (reduced food intake/assimilation or inflammation/disease burden), must be present to diagnose malnutrition.

Therefore, unplanned weight loss alone is not a reliable indicator of malnutrition.

Dietitians Australia considers a quality indicator for ‘malnutrition’ that incorporates a validated screening tool, with follow-up embedded in the assessment process, is more meaningful than the assessment of ‘unplanned weight loss’.

The framework for screening of malnutrition risk must include:

- initial and ongoing training of all care staff and support workers who provide in-home and residential aged care re: use of the validated malnutrition screening tool;
- prompt referral of all identified as being malnourished to an Accredited Practising Dietitian for nutrition intervention; and
- minimum standards for the documentation of screening results and follow up.

Budget savings:

- Imbedding malnutrition screening and its management in aged care (by adding malnutrition to the Quality Indicator program and including a malnutrition screening framework in the Aged Care Quality Standards for clinical care) has the potential to save up to \$80 million a year in downstream health costs.
- Mandating, that every residential aged care home undergoes an annual on-site ‘Menu and Mealtime Quality Assessment’ performed by an Accredited Practising Dietitian will ensure government money is spent effectively to achieve improvements in food and nutrition in residential aged care.

MENTAL HEALTH

Request:

- 3. Creation of Medicare Benefit Scheme (MBS) items relating to depression, other mood disorders and severe mental illness, to include:**
 - a. Introduction of long and short MBS items for Accredited Practising Dietitians for individual and group consultations, in person and via telehealth.**
 - b. Immediate referral to Accredited Practising Dietitians for people who are prescribed antipsychotics and other psychotropic medications where there are known metabolic side effects.**

Dietitians Australia resubmitted an application on Monday 2 May 2022ⁱⁱ, to the Medical Services Advisory Committee for ‘Medical nutrition therapy delivered by an Accredited Practising Dietitian for the management and treatment of depressive disorders.’.

Essentially, we are asking for the creation of Medicare Benefits Schedule items for patients with a depressive disorder to see an Accredited Practising Dietitian.

Need:

- One in five individuals aged 16-85 years have a mental disorder (anxiety, mood or substance use disorders).
- One in ten Australians reported having depression or feelings of depression in 2017-18.
- Global prevalence of Major Depressive Disorder has been directly influenced by the COVID-19 pandemic. The estimate of total global prevalence of Major Depressive Disorder for 2020 is 3152.9 cases per 100,000 population, an increase of 27.6% on pre-pandemic rates.

- Up to 72% of Australians with affective (mood) disorders experience severe interference with life, including home responsibilities, work/study, close relationships and social life.
- Major Depressive Disorder is associated with premature death and high levels of disability.

People with mental illness are twice as likely to have an associated physical illness. Prescription medications used to treat mental illnesses can contribute to physical illnesses (diabetes, heart and vascular diseases). Both the mental illness and the associated physical illnesses can be cost-effectively prevented or treated through an Accredited Practising Dietitian.

With 4.4 million people prescribed mental health medication in the year to June 2020, Dietitians Australia is calling on the government to help support the nation's mental health through other measures such as dietary intervention.

The COVID-19 Pandemic has brought mental health to the top of National agenda. Dietitians have an important role in the COVID-19 mental health recovery and the broader treatment of mental health in Australia.

The effectiveness of current treatments for depressive disorders:

Current treatments for depressive disorders have limited effectiveness.

- An estimated 30 – 50% of patients will not respond to the first course of antidepressant pharmacotherapy and two-thirds will fail to achieve a complete remission of symptoms and depressive episodes.
- Response rates for antidepressant medication or psychotherapy alone rarely exceed 50% to 60%, and full and sustained remission rates are lower.
- The latest Mental Health Services in Australia report confirms that the rate of antidepressant prescription remains high at 72.1% among drugs prescribed for mental illness in Australia.
- An Australian study found that the mental health of '[t]wo-thirds of young people with emerging mental disorders who attended primary care-based early intervention services remained poor or deteriorated over two years of care.'

There is not only an opportunity, but an imperative, to introduce new evidence-based modalities into the mix.

The Evidence:

Given the limitations of pharmacotherapy and psychotherapy, and the high level of co-occurrence of depression with cardiometabolic conditions, there is a need for new approaches for managing depressive disorders.

Dietary interventions delivered by an Accredited Practising Dietitian to promote the adoption of a healthy diet is supported by increasingly well-described biochemical and physiological pathways between nutritional status and mental wellbeing. There are innumerable observational studies supporting a link between nutrition and behaviour and mood. There is evidence from numerous randomised controlled trials on the effectiveness of dietary intervention in the management and treatment of depressive disorders.

A Deakin University Food and Mood Centre randomised controlled trial (SMILES study) found a 32% remission rate of depression symptoms over a 12-week diet intervention trial delivered by an

Accredited Practising Dietitian. In addition, the recently published AMMEND randomised controlled trial, that compared the effect of a Mediterranean diet to befriending support on the symptoms of depression in young males (18-25years), found that at 12 weeks the diet intervention group had significantly improved depression scores compared to the social support group. All participants in the diet intervention group had improved their depression scores by the end of the study with 36% of scores representing low to minimal depression.

Affordable universal access to an Accredited Practising Dietitian:

Australians with a depressive disorder need affordable access to see an Accredited Practising Dietitian. A small number of people with depressive disorders could currently be seen by private dietitians. This would likely be entirely at their own cost, or partly covered by Medicare if part of a Chronic Disease Management Plan.

Although general practitioners are expected to apply nutrition knowledge in practice, nutrition competencies have yet to be included in Australian medical courses.

No health professionals other than Accredited Practising Dietitians have the skills, training or current knowledge to deliver nutrition advice and support to improve diet quality for the treatment of depressive disorders.

Budget savings:

The annual cost of mental illness in Australia has been estimated at \$70 billion, including the cost of treatment, lost productivity and lost participation in the labour force.

Australian Government spending on mental health-related services, in real terms, increased by an average annual rate of 3.2% between 2015–16 and 2019–20.

A May 2022 report by the Australian Institute of Health and Welfare has revealed that more Australians are now prescribed medication for mental illness since records began in 2012, costing the nation \$566 million in subsidised prescriptions.

In 2019/20:

- the total cost of GP-provided mental health services to Medicare was \$306 million
- there were 12.4 million Medicare-subsidised mental health-specific services provided.
- there were 29.4 million antidepressant medications prescribed, representing 72% of overall mental health-related medications. Australia has the third highest per capita use of anti-depressants amongst OECD countries according to the most recent OECD health indicators report.

Dietary interventions as a treatment for people with depressive disorders have been found to be cost effective. For example, an economic evaluation of the Deakin University Food and Mood Centre SMILES study (outlined above) found the average total health sector costs were \$856 lower and average societal costs were \$2,591 lower for those receiving dietary support compared to social support.

The HELFIMED trial, a Mediterranean-diet intervention for depression, was highly cost-effective (\$2,225 per additional case of depression resolved) and efficient \$2,775/ quality-adjusted life yearⁱⁱⁱ, relative to the social group comparator.

DISABILITY

Request:

4. Accredited Practising Dietitians to be included in teams for autism, pervasive developmental disorder and disability (M10), including:

- a. a unique 820** number for the dietary assessment and treatment of people with disability.
- b. inclusion in list of eligible professions for multidisciplinary case conferences.

Need:

In 2018, 7.6% of children aged 0–14 had some level of disability and 4.5% had a severe or profound level of disability.

The most common types of disability among children are intellectual and sensory or speech.

Australians with a disability have poorer general health, compared to people without disability (eg insufficient fruit and vegetable intake, high sugar intake, high blood pressure, insufficient physical activity, high BMI).

A recent review found that substandard nutrition care practices were associated with several leading causes of death of people with disability including respiratory deaths, choking, neoplasms and circulatory disease.

The Commonwealth Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability highlighted the health needs of the 4.4m people with a disability in Australia. Instances of abuse, violence and neglect of children's food, fluids and nutrition care were brought to the attention of Commission including:

- Medical staff not listening to or acting on parent's concern about their child's acute health condition leading to dehydration and poor food intake
- Incorrect information about breastfeeding and lack of support provided to a mother to breastfeed her child with Down Syndrome, due to incorrect assumptions about what was possible for a child with Down Syndrome
- Emergency medicine staff not recognising that a child is acutely unwell and dehydrated due to dismissing him as "...just a baby with Down Syndrome, who may have low tone..."
Medical staff not acting on a parent's request for fluids and medicine for a child, during hospitalisation. Mother had to invoke 'Ryan's Rule' (escalation of care) before he "was finally put on fluids and given the correct amount of pain medication"

Role of Accredited Practising Dietitians in working with children with autism, pervasive developmental disorder and disability

Accredited Practising Dietitians are essential components of comprehensive health care for children with autism, pervasive developmental disorder and disability. Accredited Practising Dietitians work as part of multidisciplinary teams to deliver family-centred and culturally appropriate care. Children with autism, pervasive developmental disorder and disability may have wide-ranging risk factors requiring nutrition intervention including:

- Growth alterations (eg, failure to thrive, obesity, or growth retardation)
- Sensory issues leading to modified food intake and eating behaviours
- Metabolic disorders

- Poor feeding skills
- Drug-nutrient interactions
- Partial or total dependence on enteral or parenteral nutrition

Timely input from an Accredited Practising Dietitians is essential for ensuring positive outcomes for these children including reducing potentially avoidable deaths and promoting physical and mental health.

Budget savings:

Currently seven other allied health professions have access to M10 unique 820** number. Expanding this to include Accredited Practising Dietitians will ensure clients with a disability can access affordable, preventative dietetic care and provide dietitians with parity to the other seven allied health professionals already included.

POLICY

5. Develop a National Nutrition Strategy and a National Nutrition Implementation Action Plan.

Dietitians Australia, Public Health Association of Australia, Nutrition Australia and the Heart Foundation have been calling on the Australian Government to update the 1992 national nutrition policy. The last National Nutrition Policy was an initiative of the then Labor Government and is thirty years old. Since 1992, diet-related health of Australians has become worse and food insecurity is on the rise.

The Morrison Government committed \$700,000 over 4 years in the budget for a National Nutrition Strategy Framework. We do not believe this budget allocation is sufficient to develop a comprehensive strategy and deliver a National Nutrition Implementation Action Plan and further investment is required.

Dietitians Australia are calling on the Albanese Labor Government to at least match the Morrison Government's pre-election commitment and commence work on the National Nutrition Strategy.

Dietitians Australia are well placed to auspice this funding, conduct the consultation and develop the strategy. Commissioning Dietitians Australia to develop this strategy would provide the government with independent advice, backed by peak health bodies in Australia and be more cost-effective than a government department managed strategy development.

Need:

27,500 Australians die a preventable death each year from an unhealthy diet. In 2017-2018, around 90% of Australians weren't eating enough vegetables and more than 35% of energy intake was from unhealthy foods and drinks high in added sugar, saturated fat, salt or alcohol.

If it was easier for Australians to enjoy healthy foods and drinks consistent with the Australian Dietary Guidelines the disease burden would be reduced by 62% for coronary heart disease, 34-38% for stroke, 41% for type 2 diabetes, 37% for mouth, pharyngeal and laryngeal cancer, 22-29% for bowel cancer, 20% for oesophageal cancer, 12% for prostate cancer, 8% for lung cancer and 2% for stomach cancer.

A National Nutrition Strategy would include a range of multi-faceted, multi-sector approaches to support Australians to eat a healthy and sustainable diet. Contemporary food and nutrition strategies should be underscored by four pillars: health, equity, environmental sustainability, and monitoring and evaluation.

Budget savings:


- Diet-related risk factors cost the health system \$16.2 billion a year.
- Reduced healthcare expenditure related to unhealthy eating patterns, estimated to cost \$1.4 billion of health spend in 2015-16, was attributable to insufficient vegetable intake.

- Diet is a risk factor for cancer and cardiovascular disease. In 2018-19 the estimated health care costs associated with cardiovascular diseases was \$11.8 billion and cancer and other neoplasms was \$11.7 billion.
- Diet is a risk factor for stroke. In 2020, the estimated financial cost of stroke to government, individuals, employers and the community in Australia was \$6.2 billion.
- Diet is a risk factor for diabetes. The total annual cost of diabetes in 2005 for Australians aged over 30 years was \$10.6 billion which equated to \$14.6 billion in 2010 dollars. Costs could potentially be reduced by preventing the development of diabetes or its complications through improved diet.
- Food waste across the supply chain costs the Australian economy \$36.6 billion a year. 8-10% of global greenhouse gas emissions is from food that is produced but not eaten.

As practice we publish our letters to Members of Parliament on our public website, including this letter.

Should you require more information, please do not hesitate to contact me (Robert Hunt) on 0412 117 799/ceo@dietitiansaustralia.org.au.

Yours sincerely



Robert Hunt
Chief Executive Officer



Tara Diversi
President

NOTES

ⁱ **Recommendation 19:** Urgent review of the Aged Care Quality Standards (b) imposing appropriate requirements to meet resident nutritional needs and ensure meals are desirable to eat, having regard to a person's preferences and religious and cultural considerations.

Recommendation 112: Immediate changes to the Basic Daily Fee. The Australian Government should, no later than 1 July 2021, offer to provide funding to each approved provider of residential aged care adding to the base amount for the Basic Daily Fee by \$10 per resident per day, for all residents. The additional funding should be provided only on a written undertaking that:

(a) the provider will conduct an annual review of the adequacy of the goods and services it has provided to meet the basic living needs of residents, and in particular their nutritional requirements, throughout the preceding 12 months, and prepare a written report of the review
(b) the review report will set out:

- details of the provider's expenditure to meet the basic needs of residents, especially their nutritional needs, and will include spending on raw food, pre-processed food, bought-in food, kitchen staff (costs and hours), and the average number of residents
- changes in expenditure compared with the preceding financial year
- the number of residents who have experienced unplanned weight loss or incidents of dehydration

(c) by 31 December each year, commencing in 2021, the governing body of the provider will attest that the annual review has occurred, and will give the review report and a copy of the attestation, to the System Governor

(d) the System Governor should make the annual review report publicly available.

ⁱⁱ Dietitians Australia originally submitted an application for this same request in 2018. The response from the Department was to wait until the outcome of a Medicare Benefits Schedule review. Dietitians Australia did not hear any more until we followed up the application process and were invited to update our evidence prior to it being reviewed this time.

ⁱⁱⁱ The quality-adjusted life year (QALY) is routinely used as a summary measure of health outcome for economic evaluation, which incorporates the impact on both the quantity and quality of life.