

Priorities for NSW Election 2023

About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over **8,500 members**, and branches in each state and territory. In **NSW** we have **2,309** 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.

Our priorities

Mental Health

Fund every community and mental health service across NSW to include Accredited Practising Dietitian (APD) services

In 2017-18, almost one in five people in NSW had a mental or behavioural condition. 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 workforce.

There is extensive evidence for the role of dietary interventions in treating depression and anxiety along with the management of eating disorders, severe mental illness and substance use disorders. For example, a Deakin University Food and Mood Centre study found a 32% remission rate of depression symptoms over a 12-week diet intervention trial delivered by an Accredited Practising Dietitian. In this study, 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. Similar results have been seen in other studies.

Mental illnesses often co-occur with chronic physical illnesses like heart disease, respiratory disease and some cancers. The clinical guidelines for the management of these conditions include evidence-based dietary interventions and dietitians are well-versed in the prevention, management and treatment of these conditions. Given the limitations of many current mental health treatments, and the high level of co-occurrence of mental illness with chronic physical illnesses, there is a need for new approaches, including dietary interventions, for managing mental illness.

Dietetic Workforce

Increase the NSW Health dietetic workforce in public hospitals, community health, outpatient, justice, disability, maternal, newborn and child health, and aged care services

Growth in the NSW Health dietetic workforce is essential to meet the changing needs of the NSW population. Malnutrition and the NSW Nutrition Care Policy, greater incidence of chronic and complex diseases and increasing acuity of patients are all driving demand for more dietitians. Increasing the dietetic workforce, will enable dietitians to provide timely, effective, safe, and individualised care in line with evidence-based practice, leading to better nutrition outcomes for the NSW population. Dietetic interventions are cost-effective and will help lower costs and burden to the health system.

The leading voice in nutrition and dietetics

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Public Health and Health Policy

Invest in preventive health by committing 5% of the NSW health budget to preventive health and implementing actions from both the National Preventive Health Strategy and National Obesity Strategy

These ten-year strategies require coordinated effort by State, Federal and Local Governments. The current NSW Healthy Eating and Active Living Strategy 2022-2032 demonstrates commitment to improving the health and wellness of people in NSW. This needs to be complemented with increased dedicated funding for preventive health and commitment to additional actions such as the removal of unhealthy food advertising from state owned and controlled assets.

Each year, 27,500 Australians die from preventable diet-related diseases. In 2020, around 94% of NSW adults weren't eating enough vegetables. Similarly, in 2019-2020 around 95% of NSW children weren't eating enough vegetables. If it was easier for Australians to enjoy healthy foods and drinks consistent with the Australian Dietary Guidelines, studies have shown that the Australian disease burden could be reduced by 62% for coronary heart disease, 34-38% for stroke, 41% for type 2 diabetes and 22-29% for bowel cancer. This will help lower the health care costs associated with these diseases and help improve the health and quality of life of the population.

Establish a state government food security and nutrition plan and council

Food insecurity is when a person is not able to access enough or appropriate food to meet their needs to live a healthy life. Alarmingly, household food insecurity affects 1 in 6 adults in NSW, and 43% of food insecure families report their children went without food for a whole day at least once a week. Food insecurity also disproportionately affects First Nations people.

The NSW Inquiry into Food Production and Supply highlighted fragmentation in the food system in NSW, growing issues with food insecurity and a lack of equal access to nutritious food. Recommendations 1 and 2 from the final report were to develop a Food System Plan for NSW, which amongst other issues should include strategies to address food security and promote equitable access to nutritious foods; and to establish a council to implement this plan. Investing in a plan and food security council will support agile action to lessen the burden of food insecurity in NSW, supporting the population to have equitable access to adequate, nutritious foods, at all times.

Home Enteral Nutrition

Improve the delivery and consistency of Home Enteral Nutrition provided to NSW residents through establishing dedicated services within NSW Health and reducing out-of-pocket costs for consumers

Home Enteral Nutrition (HEN) is the provision of specialised nutrition products in the home setting for children and adults who cannot eat and drink as normal or consume enough to stay well. The ACI Nutrition Network Guidelines for Home Enteral Nutrition Services recommend that the care of HEN patients is best managed by a coordinated HEN service involving a multidisciplinary team, led by a dietitian. However, a study of NSW HEN services found that 80% of hospitals studied did not have a specific HEN dietitian/coordinator position and less than half of the hospitals reported having local HEN policies in place. The study highlighted that there were many inconsistencies in service delivery across the State and as such, establishing dedicated positions/services could drive improvements.

Research has found that provision of financial assistance to people requiring HEN is often limited in NSW and there are variations in payment support both within the state and across Australia. There are some financial supports available such as through the EnableNSW HEN service and the National Disability Insurance Scheme, for eligible people, however, supports are not available to everyone who uses HEN, and many people experience significant difficulty and distress navigating access to HEN products between the systems. Addressing challenges with the expense of HEN for NSW residents can help to reduce the significant financial burden on patients and families.

Reference list can be provided on request.

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