

# **Transforming Australian Food Systems**

Response to consultation February 2023

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# **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. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role in the health and wellbeing of all Australians.

This submission was prepared by Dietitians Australia staff in consultation with members, following the <u>Conflict of Interest Management Policy</u> and process approved by the Board of Dietitians Australia. Dietitians Australia members have wide ranging expertise in areas including public health, food systems, and academia.

### Introduction

Dietitians Australia welcomes the opportunity to provide feedback on this discussion paper. Please note, while all questions are highly important, the responses below address only a selection of the questions. As the leading voice in nutrition and dietetics in Australia we welcome further opportunity to engage in the ongoing development of the Roadmap.

The burden of unhealthy diets constitutes a major public health challenge in Australia and worldwide. Unhealthy eating patterns are a major contributor to the estimated \$8.6 billion (in 2014-15 dollars) in annual health care costs and lost productivity from overweight and obesity in Australia.

Urgent action is required to modify the production and consumption of foods and beverages, including industry manufactured (pre-packaged) food. Of greatest concern is excess consumption of sodium, sugars and unhealthy fats, particularly trans-fatty acids (trans fats) and saturated fatty acids, and low consumption of whole grains, pulses, vegetables, and fruits.

## Dietitians Australia position on healthy and sustainable diets

It is the position of Dietitians Australia that to promote human and planetary health, a food system transformation is needed that supports the population to adopt healthy and sustainable diet-related practices.

A healthy and sustainable diet must:

- Be nutritionally adequate, healthy and safe;
- Have low environmental impact and be protective of natural resources and biodiversity;
- Be culturally acceptable; and
- Be accessible, economically fair, and affordable.

Dietitians Australia acknowledges that it is critical to prioritise Indigenous knowledge in consultation, policymaking and implementation processes to achieve these recommendations. In facilitating the uptake of healthy and sustainable diets, dietitians are contributing to the transformation of our current food system that is urgently required to nourish present and future generations within planetary boundaries.

Dietetic practice promotes healthy and sustainable diets at various levels, for example in food-based dietary guidelines at the population-level, food procurement and menu planning policies at an



institutional-level and in nutrition education to client groups, community groups and other health professionals, and medical nutrition therapy at the group and individual level.

For more information about our position, see the evidence brief and position paper on our website.

#### Focus area 1: Enabling equitable access to healthy diets

1. How can industry, government and communities work together to increase the adoption of more sustainable and nutritious diets?

Strong government leadership and commitment is urgently required to rapidly adopt, implement, and monitor government-led and comprehensive mandatory food policy legislation. This legislation should include the World Health Organization Best Buy policies.<sup>3</sup> This set of policies are affordable, feasible, impact-driven, and highly cost-effective measures for the prevention and control of noncommunicable diseases. For sodium, for example; these aim to reduce intake through: reducing sodium content in the food supply (reformulation of processed/manufactured food), reducing sodium in meals or snacks consumed outside of the home (public food procurement and service policies), encouraging consumers to make healthier choices related to sodium through information (media campaigns, front-of-pack or other interpretative nutrition labelling, menu labelling or removal of saltshakers in food service areas) and absence of negative influence (restricting marketing of food high in sodium).

A mandatory approach safeguards against commercial interests that often attempt to delay, weaken, distort, and/or impede the development of food and nutrition policies and programmes.<sup>4</sup>

Focus should be placed on the commercial determinants and impact on food choices, availability, affordability, and accessibility, not on the individual. Enforcing legislation such as food labelling, and junk food marketing ensures consumers are accurately informed about the contents of, and impact excess consumption of the manufactured food.

2. What legislative and policy opportunities can ensure equitable access to health diets?

Existing policies should be reviewed, implemented, enforced and monitored;

- The National Nutrition Policy (now > 30 years old)
- The FSANZ Act (ensuring public health is front and centre of its objective)
- The Marketing infant formula in Australia agreement

Existing comprehensive strategies should be implemented, enforced and monitored;

- The National Preventive Health Strategy
- The National Obesity Strategy
- The National Breastfeeding Strategy
- The Australian Dietary Guidelines (including the current review)

Existing voluntary legislation, should be mandated, enforced and monitored:

- Mandating the Health Star Ratings
- Mandating reformulation of manufactured foods to meet sodium content benchmarks

Existing monitoring and surveillance, should be comprehensive and frequent:

 National Health Survey, including monitoring food, nutrition and access to, and affordability and availability of healthy foods in all communities across the country.



#### Focus area 2: Reducing waste and improving circularity

1. Which organisations are best placed to lead and/or support implementation of the suggested recommendations?

Food planning, preparation, consumption and waste is a critical issue in Australia, that can impact on both health and sustainability.<sup>5</sup>

Accredited Practising Dietitians are best placed to support the reduction of food waste across a number of settings including health care settings. Of note, the revised draft Aged Care Quality Standards requires menus in residential aged care to be developed and reviewed with the input of Accredited Practising Dietitians.<sup>6</sup> Having dietitian expertise applied across a range of sectors such as food services in aged care and hospitals can help reduce food waste.<sup>7</sup>

#### Focus area 3: Reducing greenhouse gas emissions

1. Which organisations are best placed to lead and/or support implementation of the suggested recommendations?

Our agricultural sector is responsible for 16% of Australia's greenhouse gas emissions as well as biodiversity loss, water consumption and unsustainable land management practices. This is only worsened by the fact that unhealthy foods (high saturated fat, added sugar and salt) account for 27% of diet-related emissions. Accredited Practising Dietitians play a critical role in reducing greenhouse gas emissions through improving food systems and educating and empowering consumers with nutrition information including about healthy and sustainable eating patterns. The sustainable entire patterns.

A clear example is the support dietitians provide for women and infants in exclusive breastfeeding. This is relevant to greenhouse gas emissions as breastfeeding is the most sustainable food source. It does not burden the planet with waste requiring disposal. By comparison, the commercial milk formula industry has a significant impact on planetary health considering its effects on climate change, water use and pollution. 13-14

Furthermore, support from dietitians to enable the population to align their dietary intake with the Australian Dietary Guidelines would decrease the environmental impact compared to the average dietary intake at present.<sup>15</sup>

#### **Indicator shortlist**

1. Is the current shortlist appropriate? Are there any indicators listed that should be removed?

Dietitians Australia strongly advocates for the access to healthy diets indicators listed, specifically the indicators for fruit and vegetable consumption and food security. The rationale for these two indicators is detailed below.

#### Indicator. Fruit and vegetable consumption

Percentage of adults and children who met both the fruit and vegetable dietary intake recommendation.

#### Rationale for inclusion:

 The Australian Dietary Guidelines recommend two serves of fruit, and five serves of vegetables to help protect against chronic diseases including heart disease, stroke, and some types of cancers. They may also prevent excessive weight gain.<sup>16</sup>



- Five of the seven leading factors that have been identified as contributing to the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians are related to poor dietary intake: obesity, high blood cholesterol, alcohol consumption, high blood pressure, and low fruit and vegetable intake.<sup>17</sup>
- Improving access to and the consumption of a healthy diet is a priority focus of the National Preventive Health Strategy 2021-2030.<sup>18</sup>
- Increasing fruit and vegetable consumption is also a priority objective of the National Obesity Strategy 2022-2023.<sup>19</sup>
- 6.1% of adults, and 8.5% of children met both fruit and vegetable recommendations.<sup>20</sup>
- New research on household family shopping baskets has confirmed that eating a diet based on whole and fresh foods is still the cheapest option – despite consumer price index increases. The average saving of a healthy diet ranges from \$63 up to \$78 per week (depending on postcode).<sup>21</sup>
- Food production has a significant impact on the environment, there is a growing body of evidence which suggested plant-based diets have a lower environmental impact.<sup>14,22</sup>

#### **Indicator. Food security**

Percentage of household income spent on food.

#### Rationale for inclusion:

- In Australia, food security is not measured at a population level regularly or consistently.
   There is a critical need to implement a routine, robust food security monitoring and surveillance system in Australia.<sup>23</sup>
- Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.<sup>24</sup>
- Food insecurity exists whenever the availability of nutritionally adequate and safe foods, or
  the ability to acquire acceptable food in socially acceptable ways is limited or uncertain. Food
  insecurity rarely happens in isolation but rather in co-occurrence with economic, health and
  housing insecurity and other hardships.
- It is estimated 4% to 13% of the general population are food insecure; and 22% to 32% of the Indigenous population, depending on location.<sup>25</sup> There are several population groups who may be more vulnerable to food insecurity. This includes people on low-incomes, people who are isolated either socially or geographically, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, single-parent households, older people and people experiencing homelessness.<sup>25</sup>
- Reasons for food insecurity vary and can include material hardship, limited financial resources, difficulty accessing affordable healthy foods or limited health and nutrition literacy.<sup>25</sup>
- For children, food insecurity can have negative short- and long-term effects academically, socially, emotionally, physically, and developmentally.<sup>25</sup>



- Spending 30 per cent or more of household income on food places families in financial stress.<sup>26</sup> However, latest data from the Illawarra, New South Wales, suggested low-income households spend some 33% of their income on food. This percentage could be reduced to 27% when eating a healthy diet.<sup>21</sup>
- Globally, several tools are used to measure food security including the Food and Agriculture
  Organization of the United Nations (FAO) -Food Insecurity Experience Scale the global food
  security index<sup>31</sup> and World Food Programme food security indicators<sup>32</sup> are used to measure
  food security across countries. While the United States Department of Agriculture –
  Economic Research Service household food security survey module is an example of a

# References

- 1. The Global Burden of Disease (GBD) study: The Institute for Health Metrics and Evaluation (IHME); 2017 (<a href="https://www.healthdata.org/news-release/new-study-finds-poor-diet-kills-more-people-globally-tobacco-and-high-blood-pressure">https://www.healthdata.org/news-release/new-study-finds-poor-diet-kills-more-people-globally-tobacco-and-high-blood-pressure</a>).
- 2. Weighing the cost of obesity: a case for action: Pricewaterhousecoopers; 2015 (https://www.pwc.com.au/pdf/weighing-the-cost-of-obesity-final.pdf)
- 3. Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases: World Health Organization; 2017 (https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf)
- 4. Preventing and Managing Conflicts of Interest in Country-level Nutrition Programs: Pan American Health Organization; 2021 (<a href="https://iris.paho.org/handle/10665.2/55055">https://iris.paho.org/handle/10665.2/55055</a>)
- 5. Collins J, Porter J. Quantifying waste and its costs in hospital foodservices. Nutr Diet. 2023 Jan 23. doi: 10.1111/1747-0080.12796. Epub ahead of print. PMID: 36690908.
- 6. Revised Aged Care Quality Standards; Australian Department of Health and Aged Care; 2022 (Revised Aged Care Quality Standards detailed draft for public consultation | Australian Government Department of Health and Aged Care)
- 7. Carino S, Porter J, Malekpour S, Collins J. Environmental Sustainability of Hospital Foodservices across the Food Supply Chain: A Systematic Review. J Acad Nutr Diet. 2020;120(5):825-73. 10.1016/j.jand.2020.01.001
- 8. WA Department of Primary Industries and Regional Development. Agriculture and Food: How Australia accounts for agricultural greenhouse gas emissions.; 2018. Available from: <a href="https://www.agric.wa.gov.au/climate-change/how-australia-accounts-agricultural-greenhouse-gas-emissions">https://www.agric.wa.gov.au/climate-change/how-australia-accounts-agricultural-greenhouse-gas-emissions</a>
- 9. Hadjikakou M. Trimming the excess: environmental impacts of discretionary food consumption in Australia. Ecological Economics. 2017;131:119-28. 10.1016/j.ecolecon.2016.08.006
- 10. Ridoutt B, Anastasiou K, Baird D, Garcia JN, Hendrie G. Cropland Footprints of Australian Dietary Choices. Nutrients. 2020;12(5). 10.3390/nu12051212
- 11. Hendrie GA, Ridoutt BG, Wiedmann TO, Noakes M. Greenhouse gas emissions and the Australian diet—comparing dietary recommendations with average intakes. Nutrients. 2014;6(1):289-303.



- 12. Healthy and sustainable diets Position statement and briefing paper: Dietitians Australia; 2022 (https://dietitiansaustralia.org.au/advocacy-and-policy/position-statements/healthy-and-sustainable-diets-position-statement-and-briefing-paper-2022
- 13. McCann, J.R.; Russell, G.C.; Campbell, K.J.; Woods, J.L. Nutrition and packaging characteristics of toddler foods and milks in Australia. Public Health Nutr. 2021, 24, 1153–1165
- 14. Dadhich, J.; Smith, J.; Iellamo, A.; Suleiman, A. Carbon Footprints Due to Milk Formula. A Study from Selected Countries of the Asia Pacific Region; BPNI/IBFAN, 2015.
- 15. Hendrie GA, Rebuli MA, James-Martin G, Baird DL, Bogard JR, Lawrence AS, Ridoutt B. Towards healthier and more sustainable diets in the Australian context: comparison of current diets with the Australian Dietary Guidelines and the EAT-Lancet Planetary Health Diet. BMC Public Health. 2022 Oct 19;22(1):1939. doi: 10.1186/s12889-022-14252-z. PMID: 36261800; PMCID: PMC9583557.
- 16. National Health and Medical Research Council: Australian Dietary Guidelines; 2013 (<a href="https://www.eatforhealth.gov.au/sites/default/files/files/the\_guidelines/n55a\_australian\_dietary\_guidelines\_summary\_book.pdf">https://www.eatforhealth.gov.au/sites/default/files/files/the\_guidelines/n55a\_australian\_dietary\_guidelines\_summary\_book.pdf</a>).
- 17. Al-Yaman F. The Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people, 2011. Public Health Res Pract. 2017;27(4):e2741732.
- 18. National Preventive Health Strategy 2021-2030; Australian Department of Health and Ageing; 2021 (https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030\_1.pdf).
- 19. National Obesity Strategy 2022-2032: Australian Department of Health and Ageing; 2022 (https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032 0.pdf).
- 20. Dietary behaviour: Australian Bureau of Statistics ABS; 2020-21 (https://www.abs.gov.au/statistics/health/health-conditions-and-risks/dietary-behaviour/latest-release).
- 21. New research shows eating for health and sustainability is cheaper for the household budget (and better for the planet): Dietitians Australia Media Release; 2022 (<a href="https://dietitiansaustralia.org.au/about-us/media-centre/new-research-shows-eating-health-and-sustainability-cheaper-household-budget-and-better-planet-media">https://dietitiansaustralia.org.au/about-us/media-centre/new-research-shows-eating-health-and-sustainability-cheaper-household-budget-and-better-planet-media</a>).
- 22. Ripple WJ, Wolf C, Newsome TM, Barnard P, Moomaw WR. World Scientists' Warning of a Climate Emergency. BioScience. 2020;70(1):8-12.
- 23. Parliamentary inquiry into food production and supply in NSW: Dietitians Australia; 2022 (https://www.parliament.nsw.gov.au/ladocs/submissions/77469/Submission%2068%20-%20Dietitians%20Australia.pdf).
- 24. Food and Agriculture Organization of the United Nations (1996). Food Security definition. World Food Summit; 1996

(https://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf\_Food\_Security\_Cocept\_Not\_e.pdf#:~:text=In%201983%2C%20FAO%20analysis%20focused%20on%20food%20access%2C,the%20\_basic%20food%20that%20they%20need%E2%80%9D%20%28FAO%2C%201983%29).



25. Understanding food insecurity in Australia: Australian Institute of Family Studies; 2020 (<u>Understanding food insecurity in Australia | Australian Institute of Family Studies (aifs.gov.au)</u>).

26. Lim, G.C., Tsiaplias, S. Household income requirements and financial conditions. Empir Econ 57, 1705–1730 (2019). https://doi.org/10.1007/s00181-018-1512-x