Productivity Commission

Delivering quality care more efficiently

(Interim Report)

Response to consultation

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Recipient

Productivity Commission

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

Dietitians Australia's credentialing program, the Accredited Practising Dietitian program, provides an assurance of safe, quality practice, and it is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians (APDs) are uniquely trained to provide one-on-one medical nutrition therapy to patients in a clinical context across a broad range of disease and health conditions. Dietitians must hold the APD credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers.

APDs have an important role in supporting the function, health and wellbeing of all Australians. Dietitians are essential providers of functional capacity-building supports in aged care, disability, veterans' care and mental health. In this submission, we highlight the critical role of APDs across the care economy and cross-sectoral experience, in aged care, disability support, primary health care, veterans' care, early childhood education and care (ECEC) and prevention initiatives to improve care quality, efficiency and long-term cost-effectiveness.

Summary of Recommendations

Dietitians Australia urges the Productivity Commission to adopt the recommendations listed in the table below to ensure every Australian has access to preventive, individually tailored nutrition support delivered by an Accredited Practising Dietitian (APD), empowering healthier, more productive lives, reducing avoidable hospitalisations, and strengthening long-term public health outcomes.

Reform of Quality & Safety Regulation to support a more cohesive care economy

Dietitians Australia recommends:

1.	**The Productivity Commission to align its recommendations to "reform of quality and safety regulation to support a more cohesive care economy" with the recommendations in the "Transforming health professions regulation in Australia, Independent Review Final report". [1]**

[1] https://www.health.gov.au/resources/publications/transforming-health-professionals-regulation-in-australia-independent-review-final-report?language=en

2.	**That food and nutrition care are recognised as a priority area, and be explicitly included as a core component of quality and safety standards across settings, with APDs recognised and utilised as essential contributors to care quality and safety.** Explicit inclusion will ensure nutrition is not overlooked in regulatory reforms and that APDs' expertise is consistently embedded to uphold safety, prevent malnutrition, and improve health outcomes for all Australians.
3.	**Any move towards a single regulator must explicitly embed APDs' expertise in functional nutrition outcomes across aged care, disability, veterans' and other frameworks to safeguard quality and safety, prevent inappropriate role substitution, and ensure consistent, efficient, and consumer-focused care.** Embedding dietetic expertise ensures that regulation reflects the complexity of nutrition care, maintains professional standards, and avoids dilution of quality through inappropriate delegation or substitution.
4.	**Make it explicit that APDs are included in relevant regulation, accreditation, registration, and audits to provide clarity for allied health professionals and APDs.** Clear inclusion will remove ambiguity, align regulatory expectations across sectors, and ensure that APDs are formally recognised in governance, accreditation, and compliance processes.

Embed Collaborative Commissioning

Dietitians Australia recommends:

1.	**Collaborate with Dietitians Australia and our members to inform policy and practice on the unique role and scope of practice of APDs supporting Australians when developing the new joint governance arrangements to support Collaborative Commissioning.** Governments should collaborate with Dietitians Australia and APD members to co-develop policy documents, operational guidelines, and training that reflect the unique role and scope of practice of APDs. This will improve consistent application of legislative requirements and strengthen nutrition and dietetic supports across care settings.
2.	**Recognise nutrition and dietetics as a core element of Collaborative Commissioning** Governments should explicitly embed nutrition and dietetics in collaborative commissioning arrangements to reduce fragmentation and improve outcomes across primary, acute, and community care.
3.	**Explicitly embed APDs in Collaborative Commissioning Governance** Require LHNs, PHNs and ACCHOs to include **APDs** in joint governance and collaborative commissioning committees, especially where food and nutrition impacts health and wellbeing, independence and/or function.
4.	**Integrate nutrition-related performance indicators into joint commissioning needs assessments and evaluation** Governments should mandate inclusion of **nutrition-sensitive performance indicators** (e.g., malnutrition risk screening, prevalence of unplanned weight loss, access to dietetic services, and

	reductions in nutrition-related preventable hospitalisations) in joint needs assessments, monitoring, and outcome evaluation.
5.	**Provide dedicated, flexible funding for nutrition-focused Collaborative Commissioning** The Australian Government should provide **dedicated flexible funding streams** within PHN and Local Hospital Networks (LHN) budgets for collaborative commissioning projects that include dietetic services, with specific provisions for ACCHOs to design culturally appropriate nutrition programs.
6.	**Jointly commission community place-based nutrition programs** PHNs and LHNs should co-commission community-based nutrition initiatives (e.g. group programs for weight management, malnutrition screening for older people, or antenatal nutrition education), leveraging APD expertise. Collaboration could utilize pooled funding (e.g. Medicare Benefits, state prevention funds) to sustain these services long-term.
7.	**Dietitians Australia has State and Territory branches as well as locally-based members who are readily available and willing to be formally engaged in place-based Collaborative Commissioning nutrition-related programs.** Engaging our distributed network ensures that governance and service design processes benefit from on-the-ground expertise, regional knowledge, and direct links to communities. This strengthens the consistency, cultural safety, and effectiveness of nutrition initiatives across diverse care settings.

National Prevention Investment Framework

Dietitians Australia recommends:

1.	**Nutrition should be recognised as a cornerstone of the National Prevention Investment Framework**, ensuring that nutrition is recognised as foundational to all Australians' long-term wellness, and APD-led programs are prioritised alongside other preventive strategies to deliver sustained health and fiscal benefits.
2.	Consider developing a **specific Investment Framework for Nutrition**, in line with the '*World Bank Investment Framework for Nutrition 2024*'.[2]
3.	A prevention framework that explicitly includes **investment in food and nutrition initiatives and APD-delivered and led programs.** This should **span from pre-natal and early childhood through to older age and end of life.**
4.	Set specific targets and funding pools for **food and nutrition.**
5.	Ringfence dedicated funding pools for **rural care.**
6.	Allocate an **APD to the cross-sectoral Prevention Framework Advisory Board** (PFAB).

[2] https://openknowledge.worldbank.org/entities/publication/2c0b8b5e-0f67-47fe-9eae-d4707d9ed195

	APDs are trained to work across sectors, including but not limited to health, disability, aged care, education, and agriculture and food systems, making them well-suited for the cross-sectoral Prevention Framework Advisory Board.
7.	A National Prevention Investment Fund with **multi-year commitment of 20 years,** not 5-10 years, to enable true long-term commitment, outcome measurement and improvements.
8.	Long-term economic benefits of nutrition interventions must be recognized in **budget processes.**
9.	Increase Australia's total government **health expenditure on health prevention to 10%**
10.	Appoint an **Assistant Minister for Preventative Health and Nutrition,** in line with WA's recently appointed Minister for Preventative Health.[3]

Background Discussion

Australians deserve to be supported to live healthy and well, with access to APDs when needed. Providing dietetic care at the right time, in the right place and led by APDs would allow more Australians to enjoy improved quality of life, strengthen communities, participate productively in society for longer, and help to boost the economy.

Nutrition both shapes and is an indicator of human capital, and thus productivity, with both undernutrition and obesity exerting significant impacts. [4] Furthermore, the World Bank has stated that*:*

> *"Increased investments in reducing undernutrition and obesity are crucial to meeting nutrition financing needs. These investments have unparalleled potential to build human capital; drive economic growth and prosperity; and, when carefully designed, provide additional climate co-benefits.*[4]

Benefits of increased access to dietetic care

Preventing illness and reducing hospitalisations: proper nutrition can prevent many chronic illnesses, and reduce the need for hospital visits, saving money for both individuals and the healthcare system.

Better quality of life: by improving access to APDs, we can help people manage their health, maintain independence, recover from illness more quickly, and live longer, healthier lives.

Cost-effective care: investing in dietetic services now can save money in the long run by preventing costly complications, hospitalisations and improving overall health outcomes.

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[3] The UK has a Minister of State, Department for Environment, **Food** and Rural Affairs. https://www.gov.uk/government/ministers/minister-of-state--189

[4] https://openknowledge.worldbank.org/entities/publication/2c0b8b5e-0f67-47fe-9eae-d4707d9ed195

Improving holistic support and team-based care: by ensuring consistent access to dietetic services for people with complex needs and chronic conditions and preventing missed opportunities for coordinated care through funded wraparound dietetic support.

Savings for Government

- Australian healthcare costs related to obesity were A$11.8 billion in 2018. This is estimated to increase 7-fold to A$87.7 billion by 2032 if no action is taken.[5] The burden of chronic disease is estimated to cost the Australian healthcare system $82 billion annually.[6]
- In comparison, the cost of providing 12 sessions/year to see an APD would be about $310mill /year.
- Overweight and obesity are now Australia's leading health risk, surpassing smoking.[7]
- In 2022–23, the proportion of Australians living with overweight or obesity was greater in regional and remote areas than in major cities. Rates were 64% in major cities, rising to 69% in inner regional communities and 70% in outer regional and remote locations.[8]
- Australians in rural and remote areas have higher rates of hospital stays, deaths, and injuries. They also have less opportunity to access and use primary health care services, compared to people living in cities.[9]
- A growing body of evidence has shown the impact of dietitian-led interventions on health outcomes related to chronic disease, such as improved blood glucose and glycated haemoglobin levels, weight, and waist circumference. [10]
- According to the World Bank (2024), every $1 invested in nutrition returns $23, while failure to act on undernutrition and obesity is projected to cost $41 trillion over 10 years (Box 1).

*"For every $1 invested in addressing undernutrition, $23 are returned, and an estimated $2.4 trillion is generated in economic benefits. The economic benefits associated with these investments far outweigh the costs of inaction, which run around **$41 trillion over 10 years**, including $21 trillion in economic productivity losses due to undernutrition and micronutrient deficiencies and **$20 trillion in economic and social costs from overweight and obesity.**"*

Box 1 *'World Bank Investment Framework for Nutrition 2024'* [11]

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[5] https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032-at-a-glance-summary-with-a-logic-framework_0.pdf

[6] https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-on-disease-and-injury-aus/contents/summary

[7] https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/interactive-data-on-risk-factor-burden/changes-in-risk-factors-over-time

[8] https://www.obesityevidencehub.org.au/collections/trends/adults-australia#cite5956

[9] https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

[10] Mitchell LJ, et al. Effectiveness of dietetic consultations in primary health care: a systematic review of randomized controlled trials. Journal of the Academy of Nutrition and Dietetics. 2017 Dec 1;117(12):1941-62.

[11] https://openknowledge.worldbank.org/entities/publication/2c0b8b5e-0f67-47fe-9eae-d4707d9ed195

Reform of quality and safety regulation to support a more cohesive care economy

Dietitians Australia recommends:

1.	**The Productivity Commission to align its recommendations to "reform of quality and safety regulation to support a more cohesive care economy" with the recommendations in the "Transforming health professions regulation in Australia, Independent Review Final report"** [12]
2.	**That food and nutrition care are recognised as a priority area, and be explicitly included as a core component of quality and safety standards across settings, with APDs recognised and utilised as essential contributors to care quality and safety.** Explicit inclusion will ensure nutrition is not overlooked in regulatory reforms and that APDs' expertise is consistently embedded to uphold safety, prevent malnutrition, and improve health outcomes for all Australians.
3.	**Any move towards a single regulator must explicitly embed APDs' expertise in functional nutrition outcomes across aged care, disability, veterans' and other frameworks to safeguard quality and safety, prevent inappropriate role substitution, and ensure consistent, efficient, and consumer-focused care.** Embedding dietetic expertise ensures that regulation reflects the complexity of nutrition care, maintains professional standards, and avoids dilution of quality through inappropriate delegation or substitution.
4.	**Make it explicit that APDs are included in relevant regulation, accreditation, registration, and audits to provide clarity for allied health professionals and APDs.** Clear inclusion will remove ambiguity, align regulatory expectations across sectors, and ensure that APDs are formally recognised in governance, accreditation, and compliance processes.

APD training and credentialing standards ensure dietitians provide safe, high-quality practice

Robust quality and safety standards are the foundation of a high-performing care economy. Dietitians Australia supports the Commission's aim to align and strengthen regulation across aged care, disability care, veterans' care, health care and other sectors, ensuring all Australians receive safe, high-quality services.

Dietitians Australia is the second largest fully self-regulating allied health profession in Australia. Through its national credential, the Accredited Practising Dietitian (APD), and its regulatory arm, the Dietitians and Nutritionists Regulatory Council (DNRC), Dietitians Australia has built a mature, evidence-based regulatory system encompassing accreditation, credentialing, complaints management and professional conduct.

[12] https://www.health.gov.au/resources/publications/transforming-health-professionals-regulation-in-australia-independent-review-final-report?language=en

Dietitians Australia calls on the Productivity Commission to align its recommendations to "reform of quality and safety regulation to support a more cohesive care economy" with the recommendations in the "Transforming health professions regulation in Australia, Independent Review Final report" [13] released on 12 September 2025.

In its response to the National Registration and Accreditation Scheme (NRAS) complexity review consultation 2, Dietitians Australia recommended a profession-led co-regulatory integration model. This model achieves public protection through statutory title protection and enforceable standards, while preserving DA's established credentialing and accreditation functions under government oversight. It leverages existing infrastructure, minimises transition risk and ensures ongoing alignment with national policy objectives and the World Health Organisation (WHO) regulatory stewardship principles. We advocated for the revised NRAS to continue to work with individual self-regulating profession peak bodies, such as Dietitians Australia, to co-design the new scheme and capitalise on their regulatory capabilities and expertise.

Furthermore, we urge the Australian Government to ensure nutrition care be explicitly included as a core component of quality standards across all care settings, with APDs recognised and utilised as essential contributors to care quality. Nutrition is not ancillary to quality care, it is fundamental. Without adequate nutrition support, the safety and wellbeing of people in care settings are compromised, as illustrated by the unacceptable prevalence of malnutrition in aged care. The Government has strengthened food and nutrition regulation and compliance requirements in aged care, increasing provider capability and accountability to ensure older people consistently receive safe, enjoyable, and nutritious meals.[14] This should be extended to standardised cross-sector reporting frameworks.

Dietitians Australia urges that quality and safety reforms explicitly elevate food and nutrition to a priority area across all care settings. Key actions under this pillar should include:

- **Embed APDs in quality and safety regulation and oversight:** Require care settings to have access to APDs and to meet evidence-based nutrition standards (e.g. menu quality, nutrition screening, etc.)[15] , with nutrition indicators (e.g. malnutrition) standards monitored and publicly reported as part of quality audits.
- **Strengthen nutrition safeguards across all care sectors**: Guarantee that regulatory frameworks and funding mechanisms support access to APDs, with explicit requirements to manage nutrition risk and prevent malnutrition, choking, and related harms.
- **Enforce credentialing for quality:** Align regulations so that only accredited professionals (e.g. APDs for dietetic care) are entrusted with nutrition-related interventions in health, aged care, disability, and veterans' services. This ensures high-quality, safe practice and accountability.

[13] https://www.health.gov.au/resources/publications/transforming-health-professionals-regulation-in-australia-independent-review-final-report?language=en

[14] https://www.health.gov.au/our-work/improving-food-nutrition-aged-care/regulation-compliance

[15] https://www.agedcarequality.gov.au/providers/food-nutrition-dining/why-meals-matter

- **Integrate food and nutrition into clinical governance:** Encourage all healthcare organisations to incorporate nutrition care plans into patient safety and quality improvement initiatives. For instance, hospitals and primary care clinics should have protocols for timely APD referral for conditions like malnutrition, diabetes, gastrointestinal diseases, etc., consistent with best-practice guidelines.

By strengthening nutrition care requirements and leveraging APDs as the recognized nutrition experts, regulators will support a more cohesive care economy, one in which quality and safety truly extend to nutritional well-being. High standards in nutrition will translate to fewer adverse health events, better patient satisfaction, and ultimately more efficient care delivery system-wide.

Risks and benefits of a single regulator: implications for dietitians

APDs report that they are consistently under-recognised within aged care, disability, and mental health frameworks, despite their central role in supporting safe, effective, and functional nutrition outcomes. APDs provide essential support across the Home and Community Care (HACC) Program, the Commonwealth Home Support Programme (CHSP), Home Care Packages, the HACC Program for Younger People, and the NDIS. They work with clients who face functional barriers to food access, meal preparation, and nutrition-related activities of daily living (ADLs). These include mobility in the kitchen, safe use of appliances, sequencing tasks, shopping, and food budgeting.

However, in practice APDs are frequently bypassed by Home Care Package providers and other care team members in favour of perceived lower-cost substitutes such as supplements, pre-prepared meals, or delegation to other professions. This short-term cost focus ignores the evidence that APD-led interventions sustain independence, prevent malnutrition, and reduce downstream costs such as hospitalisations and long-term care needs. Without explicit recognition, this risk will increase under the Support at Home reforms and as NDIS unit pricing is reduced.

Therefore, any move towards a **single regulator must explicitly embed dietitians' expertise in functional nutrition outcomes across aged care, disability, and mental health frameworks** to safeguard quality, prevent inappropriate role substitution, and ensure consistent, efficient, and consumer-focused care.

The Productivity Commission's interim report recommends greater alignment of care worker regulation, provider accreditation, and audits across aged care, disability, and veterans' services. To ensure clarity and safety within this cross-sector framework, **it is essential that APDs, are included in relevant regulations, accreditation, registration, and audit.** Without this clarity, highly trained APDs risk being overlooked or inconsistently regulated, creating gaps in workforce accountability and undermining quality standards. Explicit inclusion would safeguard professional boundaries, ensure that only appropriately credentialed practitioners deliver nutrition and other allied health interventions, and support the Commission's broader goals of reducing duplication, strengthening workforce mobility, and improving outcomes for care users. Clear inclusion will remove ambiguity, align regulatory expectations across sectors, and ensure that APDs are formally recognised in governance, accreditation, and compliance processes.

Embed Collaborative Commissioning

Dietitians Australia recommends:

1.	**Collaborate with Dietitians Australia and our members to inform policy and practice on the unique role and scope of practice of APDs supporting Australians when developing the new joint governance arrangements to support Collaborative Commissioning.** Governments should collaborate with Dietitians Australia and APD members to co-develop policy documents, operational guidelines, and training that reflect the unique role and scope of practice of APDs. This will improve consistent application of legislative requirements and strengthen nutrition and dietetic supports across care settings.
2.	**Recognise nutrition and dietetics as a core element of Collaborative Commissioning** Governments should explicitly embed nutrition and dietetics in collaborative commissioning arrangements to reduce fragmentation and improve outcomes across primary, acute, and community care.
3.	**Explicitly embed APDs in Collaborative Commissioning Governance** Require LHNs, PHNs and ACCHOs to include **APDs** in joint governance and collaborative commissioning committees, especially where food and nutrition impacts health and wellbeing, independence and/or function.
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5.	**Provide dedicated, flexible funding for nutrition-focused Collaborative Commissioning** The Australian Government should provide **dedicated flexible funding streams** within PHN and Local Hospital Networks (LHN) budgets for collaborative commissioning projects that include dietetic services, with specific provisions for ACCHOs to design culturally appropriate nutrition programs.
6.	**Jointly commission community place-based nutrition programs** PHNs and LHNs should co-commission community-based nutrition initiatives (e.g. group programs for weight management, malnutrition screening for older people, or antenatal nutrition education), leveraging APD expertise. Collaboration could utilize pooled funding (e.g. Medicare Benefits, state prevention funds) to sustain these services long-term.
7.	**Dietitians Australia has State and Territory branches as well as locally-based members who are readily available and willing to be formally engaged in place-based Collaborative Commissioning nutrition-related programs.** Engaging our distributed network ensures that governance and service design processes benefit from on-the-ground expertise, regional knowledge, and direct links to communities. This

	strengthens the consistency, cultural safety, and effectiveness of nutrition initiatives across diverse care settings.

Embedding Accredited Practising Dietitians (APDs) in collaborative commissioning is critical to improving quality, consistency, and equity in care. Nutrition underpins health outcomes across all sectors, yet is often underrepresented in governance, performance frameworks, and funding models. Strengthening the role of APDs ensures food and nutrition are recognised as cornerstones of preventive health and integrated care.

APDs are essential in preventing and managing chronic disease as well as essential partners in integrated care, reducing malnutrition, and lowering potentially preventable hospitalisations, central aims of the National Health Reform Agreement. Dietitians Australia has instant access to over 9,000 APDs nationally, providing governments with a ready, credentialed workforce to contribute to joint governance and program delivery.

Joint commissioning must also incorporate nutrition-related data. Without indicators such as malnutrition risk, unplanned weight loss, and access to dietetic services, quality outcomes cannot be measured holistically. This creates persistent gaps in care for older Australians, Aboriginal and Torres Strait Islander peoples, and people with disability. Embedding dietetic indicators strengthens accountability and aligns with Closing the Gap principles by ensuring culturally safe nutrition care. **We strongly encourage the government to work with Dietitians Australia to identify meaningful nutrition-related indicators.**

Sustainable funding arrangements are vital. **Flexible, pooled funding enables commissioning of APDs** where they are most needed and fosters innovation, whether through food-first approaches, food security initiatives, culturally tailored programs, or dietitian-led multidisciplinary clinics. Dedicated funding streams also reduce reliance on short-term pilots and allow scaling of services that prevent hospitalisations and reduce long-term costs.

Collaborative commissioning works best when APDs, are "at the table." **Joint planning forums should explicitly include APDs to identify gaps in nutrition services** (e.g., areas with high diabetes prevalence but limited dietitian access) and to allocate resources accordingly. This reflects the intent of the Australia's Primary Health Care 10 Year Plan 2022-2032[16], which identified locally integrated care as a priority and acknowledged the role of allied health professionals.

In practice, this could mean:

- PHNs commissioning APD-led programs such as diabetes prevention groups or healthy eating workshops in partnership with local providers.
- Hospitals and community health services co-designing transition-of-care pathways, ensuring patients identified as malnourished at discharge receive APD follow-up at home to prevent readmission.

[16] https://www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032.pdf

- Collaborative models in aged care and disability services, where APDs provide continuity of nutrition support across facilities, general practice, and community care.
- Cross-sector programs for veterans who often access multiple systems (DVA, health, aged care), ensuring dietetic services address complex and overlapping needs (e.g., PTSD, diabetes, malnutrition).
- Implementing an intensive weight management program (low-energy diet) for type 2 diabetes remission (See Box 2 for an example).

South Western Sydney PHN (2021) conducted the DiRECT-Aus Diabetes Remission Trial (2021). The PHN partnered with Tharawal Aboriginal Medical Service implementing an intensive weight management program (low-energy diet) for type 2 diabetes remission. Led by a team including a GP, nurse, and **Accredited Practising Dietitian**. Outcomes: First cohort lost up to 15 kg with excellent glycemic control without medications; a second cohort saw ~7.7 kg loss in 4 weeks, also reducing blood glucose with little or no medication. Participants also reported improved energy, mood, and family members also adopting healthier diets.

Box 2 South Western Sydney PHN (2021). DiRECT-Aus Diabetes Remission Trial (2021).[17]

By moving beyond silos, collaborative commissioning can promote more flexible workforce deployment, enabling APDs to practice at the top of scope where they are most needed.

National Prevention Investment Framework

Dietitians Australia recommends:

1.	**Nutrition should be recognised as a cornerstone of the National Prevention Investment Framework**, ensuring that nutrition is recognised as foundational to all Australians' long-term wellness, and APD-led programs are prioritised alongside other preventive strategies to deliver sustained health and fiscal benefits.
2.	Consider developing a **specific Investment Framework for Nutrition**, in line with the '*World Bank Investment Framework for Nutrition 2024*'[18]
3.	A prevention framework that explicitly includes **investment in food and nutrition initiatives and APD-delivered and led programs.** This should **span from pre-natal and early childhood through to older age and end of life.**
4.	Set specific targets and funding pools for **food and nutrition.**

[17] South Western Sydney PHN (2021). DiRECT-Aus Diabetes Remission Trial (2021). Diabetes sufferers have success with weight management program. https://swsphn.com.au/wp-content/uploads/2021/12/Diabetes-sufferers-have-success-with-weight-management-program.pdf#:~:text=Eight%20Tharawal%20AMS%20clients%20aged,Five%20general

[18] https://openknowledge.worldbank.org/entities/publication/2c0b8b5e-0f67-47fe-9eae-d4707d9ed195

5.	Ringfence dedicated funding pools for **rural care.**
6.	Allocate an **APD to the cross-sectoral Prevention Framework Advisory Board** (PFAB). APDs are trained to work across sectors, including but not limited to health, disability, aged care, education, and agriculture and food systems, making them well-suited for the cross-sectoral Prevention Framework Advisory Board.
7.	A National Prevention Investment Fund with **multi-year commitment of 20 years,** not 5-10 years, to enable true long-term commitment, outcome measurement and improvements.
8.	Long-term economic benefits of nutrition interventions must be recognized in **budget processes**.
9.	Increase Australia's total government **health expenditure on health prevention to 10%**
10.	Appoint an **Assistant Minister for Preventative Health and Nutrition,** in line with WA's recently appointed Minister for Preventative Health[19]

Elevating Nutrition in Prevention: The Essential Role of APDs

Within any preventive health strategy, **nutrition must be front and centre**. Dietary improvement is one of the most powerful levers to prevent chronic disease at the population level. Unhealthy diet is a key contributor to obesity, type 2 diabetes, cardiovascular disease, many cancers, and other non-communicable diseases. Overweight and obesity affect 67% of adults and one-quarter of children in Australia[20], and when linked to chronic disease, can drive enormous health costs and reduce quality of life. Moreover, poor diet quality (high in added sugars, salt, and ultra-processed foods) is widespread; most Australian adults do **not** meet fruit and vegetable intake recommendations. Reversing these trends requires coordinated action on many fronts: public education, food systems and policy changes (e.g. improving food environments, possibly subsidising healthy foods or regulating junk food marketing), and accessible nutrition services for individuals who need support changing their diets. **Accredited Practising Dietitians are crucial agents in this prevention agenda**, as they are qualified to translate nutritional science into practical guidance and to support behaviour change at both individual and community levels. APDs work in preventive health by running lifestyle modification programs, supporting schools and early childhood services to improve nutrition, consulting in public health campaigns, and empowering people with the knowledge and skills for healthier eating. However, the dietitian workforce in prevention has been limited by funding fragmentation and short-term programs.

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[19] The UK has a Minister of State, Department for Environment**, Food** and Rural Affairs. https://www.gov.uk/government/ministers/minister-of-state--189

[20] https://dietitiansaustralia.org.au/aihw-report-confirms-unhealthy-eating-has-become-new-smoking-media-release

Weighting of Assessment Factors: the case of nutrition, food and dietetics

Dietitians Australia supports a structured, transparent weighting system that prioritises:

- **Overall Net Benefits & Net Fiscal Effects**: Programs that reduce potentially preventable hospitalisations and reliance on acute care should be weighted heavily. Nutrition interventions (e.g., Medical Nutrition Therapy in primary care) have demonstrated returns on investment through improved health outcomes and reduced demand for high-cost.[21] [22]
- **Cost-Effectiveness**: Ananthapavan et al (2020) [21] demonstrated that both regulatory and program-based interventions to combat obesity predicted to result in long-term cost-savings and health gains. Multiple international and Australian studies have consistently found that policy-based interventions targeting the food environment, and regulatory interventions that are relatively low cost and have high population reach are most cost-effective. APDs are university-trained to play a critical role in designing regulatory and program-based interventions.
- **Equity & Priority Populations**: Initiatives addressing food insecurity, malnutrition in aged care, Aboriginal and Torres Strait Islander health, and chronic disease prevention should be weighted for their impact on disadvantaged communities.
- **Ease of Implementation & Timescale**: Short-term pilots (e.g., dietitian-led weight management clinics in PHNs) can deliver early indicators of effectiveness, while longer-term investments (e.g., obesity prevention strategies) must be protected from political cycles.

Substantial economic ramifications of poor infant and young child feeding

In addition, the **UNICEF "Feeding Profit**" (2025)[23] describes that 1 in 10 children globally is obese. **Child malnutrition** has three dimensions: undernutrition (stunting and wasting), overweight/obesity and hidden hunger or micronutrient deficiencies. The report underscores the **substantial economic ramifications** of poor infant and young child feeding practices, revealing that suboptimal nutrition in early life not only leads to long-term health and developmental costs, but also **impairs productivity and economic potential**. This finding reinforces the prioritisation of investments in dietitian-led early feeding interventions, which can yield high net benefits by mitigating both immediate and intergenerational fiscal and social burdens (Box 3). This further underscores the high return on investment from effective nutrition interventions. Nutrition should therefore be recognised as a cornerstone of the **National Prevention Investment Framework**,

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[21] Ananthapavan, J., Sacks, G., Brown, V et al. (2020). Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study. PLOS ONE, 15(6), e0234804. https://doi.org/10.1371/journal.pone.0234804 .

[22] Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., Cobiac, L., Bertram, M., & Wallace, A. (2010). Assessing cost-effectiveness in prevention (ACE-Prevention): Final report. University of Queensland, Brisbane and Deakin

[23] UNICEF (2025). Feeding Profit. How food environments are failing children. 2025 child nutrition report. Report brief. English version. https://www.unicef.org/media/174026/file/CNR%202025%20-%20Feeding%20Profit%20-%20Brief%20-%20English%20-%20Final.pdf, 11 September 2025.

ensuring that APD-led programs are prioritised alongside other preventive strategies to deliver sustained health and fiscal benefits.

"Donors and other financial partners:

- *Commit to and deliver financial investments that strengthen institutional and regulatory capacities to improve food environments, particularly in under-resourced settings, including support for systems and infrastructure that improve equitable access to nutritious and healthy foods."*

"*Governments:*

- *Strengthen national monitoring and accountability systems through regular data collection on children's diets and nutrition, the implementation of legal measures and policies, and industry practices impacting children's food environments."*

Box 3 UNICEF "Feeding Profit" (11 September, 2025)[24]

Balancing Early Evidence and Long-Term Funding

Short-term reporting should rely on lead indicators (e.g., diet quality, BMI reduction, food security status, reduced GP visits) while long-term outcomes (e.g., diabetes incidence, hospital admissions) mature overtime. Consistent multi-year funding with staged reviews will prevent "funding cliffs" that undermine effective programs.

How could a diversification strategy be designed to ensure that prevention programs from different sectors and with benefits across different timeframes are funded?

Governments should adopt a portfolio approach that deliberately balances programs across **short-, medium-, and long-term horizons** and recognises that nutrition is a cross-sectoral driver of health and equity.

- **Short-term wins**: for example, malnutrition screening and APD interventions in hospitals and aged care can reduce immediate costs, shorten hospital stays, and improve recovery outcomes. These are "quick wins" because the benefits are realised within months through reduced complications, fewer readmissions, and more efficient use of existing health resources.
- **Medium-term programs**: such as dietitian-led chronic disease management through Primary Health Networks (PHNs), which reduce preventable hospitalisations and support integrated models of care with GPs and allied health teams.

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[24] UNICEF (2025). Feeding Profit. How food environments are failing children. 2025 child nutrition report. Report brief. English version. https://www.unicef.org/media/174026/file/CNR%202025%20-%20Feeding%20Profit%20-%20Brief%20-%20English%20-%20Final.pdf, 11 September 2025.

- **Long-term system change**: population-wide obesity and nutrition initiatives, cultural change, food system reform, and school-based nutrition programs can address upstream determinants of health and deliver intergenerational benefits.

Nutrition must be a cornerstone of this diversification strategy, as it intersects with **health, education, aged care, disability, and social policy**. Food deserts, rising food costs, and unemployment constrain people's ability to access nutritious food. Dietitians play a crucial role in translating these broader determinants into practical, evidence-based interventions, from supporting community food security initiatives to shaping structural reforms that promote equity. Embedding dietitians across prevention portfolios ensures strategies are clinically sound, socially responsive, and capable of delivering both immediate fiscal relief and sustainable long-term benefits.

Long-term economic benefits of nutrition interventions must be recognised in budget processes.

Crucially, **the long-term economic benefits of nutrition interventions must be recognised in budget processes**. We echo the calls from the Public Health Association of Australia and others to reform Federal Budget rules so that future savings (beyond the four-year forward estimates) are counted when justifying prevention spending[25]. The Commission's recommended national framework is an ideal vehicle to mandate this change. Preventive nutrition work often shows returns over 5–10+ years (e.g. a reduction in diabetes incidence or cancer cases), and our fiscal planning should accommodate this timeframe. By doing so, policymakers can confidently invest in measures that will pay off in the long run, in both health expenditure avoided and a healthier, more productive population. We urge the Commission and government to be bold and commit to those investments now.

Setting specific targets and funding pools for nutrition

Dietitians Australia recommends setting specific targets and funding pools for nutrition, analogous to how funds are earmarked for immunisation or screening programs. For instance, the framework might allocate a certain percentage (Box 4).

1. Set a national target to raise prevention spending to at least 5% of total health expenditure by 2030, consistent with targets already being pursued in some states, such as Western Australia.

2. Dedicate a fixed proportion of this funding to nutrition and physical activity initiatives, ensuring stable and ongoing investment in high-impact programs.

Box 4 Example setting specific targets and funding pools for nutrition

[25] https://www.phaa.net.au/Web/Web/News/Media-releases-2025/Productivity-Commission-report-reveals--nuts--Budget-barrier.aspx

An innovative idea put forward by public health experts is to establish a *"Public Health Investment Fund or Benefits Scheme"*[26] similar to the Pharmaceutical Benefits Scheme but for prevention. This could finance approved interventions, including APD dietary counselling services for at-risk individuals. Dietitians Australia would welcome such a mechanism, and we emphasize that APDs are ready to deliver scaled-up preventive services if sustainable funding is in place. Dietitians Australia also notes the importance of multi-sectoral approaches, a prevention framework should encourage collaboration between health, education, agriculture, and other sectors. Dietitians, with their expertise in food systems and nutrition science, can contribute to inter-sectoral initiatives (for example, advising on food supply improvements or community design to support healthy eating).

Ringfence dedicated funding pools for rural care

- Investing in APDs within primary care can significantly improve health outcomes for Australians, particularly in rural areas where access to healthcare is limited.
- Australian Evidence from the HealthyRHearts[27] study demonstrates that Medical Nutrition Therapy (MNT) delivered by APDs via telehealth leads to clinically relevant improvements in glycaemic control (HbA1c reduction), waist circumference and weight management for individuals at moderate to high risk of cardiovascular disease.
- These outcomes are critical for reducing the burden of chronic diseases like diabetes and obesity, which disproportionately affect rural populations.

Conclusion and **Call to Action**

The Productivity Commission has highlighted the urgent need to improve efficiency, integration, and outcomes across the care economy. Nutrition is a proven driver of health and productivity, yet it remains under-recognised in current policy and funding structures. APDs are uniquely positioned to deliver measurable gains, reducing malnutrition, preventing chronic disease, lowering potentially preventable hospitalisations, and improving quality of life across all care settings.

We urge the Productivity Commission to:

- act immediately upon our recommendations
- engage with Dietitians Australia to implement these recommendations.

We are available to discuss these matters further and support the development of policy to align with best practice and legal rulings.

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[26] https://www.phaa.net.au/Web/Web/News/Media-releases-2025/Productivity-Commission-report-reveals--nuts--Budget-barrier.aspx

[27] Schumacher, Tracy L., et al. "The effectiveness of medical nutrition therapy for people at moderate to high risk of cardiovascular disease in an Australian rural primary care setting: 12-month results from a pragmatic cluster randomised controlled trial." BMC Health Services Research 25 (2025): 956. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-025-13096-8