

## General Comments

The Victorian Health Promotion Foundation (VicHealth) welcomes the discussion paper for consultation on a *National food and nutrition monitoring and surveillance system: towards a framework*. The following comments have been largely based on the learnings VicHealth has gained from funding health promotion projects to improve healthy eating

- VicHealth strongly supports a national framework for a monitoring and surveillance system. VicHealth would also like to commend the inclusion of a chapter on Food Supply Monitoring. However, it would seem more logical to position this food supply chapter at the start of the discussion paper because supply is the start of a system that enables food purchasing, cooking and consumption of food.
- Sampling and publishing of results need to be done in such a way to adequately represent disadvantaged groups. VicHealth strongly recommends that the proposed monitoring and surveillance system adequately samples people most vulnerable to poor nutrition. In particular, those transient communities living in hostels or refuges, those from isolated rural areas, people from Aboriginal and Torres Strait Islander and non – English speaking (refugee and asylum seekers) backgrounds. Current CATI surveys cannot accommodate for these needs. Large data sets often present the mean results, when the outliers are the ones of most concern.
- It is unclear why questions regarding “supplements” have such a prominence in the proposal. Such information could be gleaned from manufacturer sales or industry-funded research. The funding saved from omitting these questions could be used more cost effectively by addressing vulnerable groups for example low income people living in low Socio-Economic Indexes for Areas (SEIFAs).
- VicHealth has increasingly worked with local government authorities due to the recognition that local government has a mandate to influence several determinants of local food supply and access. For example: Local planning for establishment of shops within walking distance of a neighbourhood, with well-connected walking paths or transport routes etc. VicHealth believes that Local Government could play a critical role in local monitoring if given strategic support from national and state bodies.
- The collection of any public health data must be complemented with advice on how the data can be interpreted locally.
- Trends in food advertising and marketing should be monitored as part of a national surveillance framework
- The Food and Nutrition Monitoring and Surveillance Framework is a good platform on which to pursue better exchange/accessibility of government administrative data. Issues of nutrition-related health are influenced by many social determinants such as employment, housing, education, car ownership, shop location, environmental constraints etc. This data is often collected by government departments at a more local level, but in many cases, is inaccessible or poorly exchanged. A UK project demonstrates an example of government departments exchanging administrative data. <http://www.see-in.co.uk/>

## 1. The mandate and the need for a national system

1. *Are there other drivers or recommendations for a national food and nutrition monitoring and surveillance system [FNMS system] (including state and territory reports)?*

(a) Nationally there is growing concern about the increasing number of people living in poverty. The Senate Standing Committee on Community Affairs reported in March 2004 that the number of Australians living in poverty generally ranges from 2- 3.5 million, with one study finding 1 million Australians in poverty despite living in a household where at least one adult works.

(b) In 2005, the report on *Challenges in Addressing Disadvantage in Victoria* emphasized the need to address disadvantage.

Therefore, it is important to have questions in the FNMS system that monitors the nutrition status of the vulnerable groups. There needs to be further developmental work around the best survey wording to reflect food insecurity

2. *What other key policy questions would an ongoing FNMS system be able to answer?*

Whether the cause of changing nutritional status is related to systemic/infrastructure barriers that individuals are unable to overcome (*such as lack of an accessible and affordable food supply or lack of cooking facilities in a rooming house or homelessness*) or whether it is related to individual knowledge and skills.

3. *What are the costs or disadvantages of not having a national monitoring and surveillance system?*

States, Territories and LGAs require a cohesive approach to data collection. Monitoring at state level is costly, creates difficulty for populations that overlap state borders, for comparing outcomes, and sharing learnings.

4. *In the absence of an ongoing FNMS, what other information sources, or options, are available to stakeholders?*

States, territories, local government authorities or neighborhood based surveys such as the Ashburton Neighborhood renewal survey on food security, but this type of data is rarely available. The use of this data is limited because questions were not standardized and cannot be replicated in other studies.

## 2. The framework for a national system

VicHealth supports the need to develop a framework and business case for a system that is sustainable and able to deliver on agreed core data in a timely, cost effective and user friendly way.

1. *Are the four elements a useful way of thinking about/organising a national food and nutrition monitoring and surveillance system?*

The four core elements chosen have not captured the first component of achieving good nutrition – the availability of an affordable and accessible food supply as well as the availability of an income to purchase nutritious foods. The focus of the four core elements has been on individuals. By excluding environmental factors the information will be incomplete and of limited use for health promotion intervention.

The most recent WHO report on Diet, Nutrition and the Prevention of Chronic Disease (2003) sets the precedent for understanding food availability (both globally and locally) as a precursor for assessing patterns of consumption.

2. *Are there any essential elements missing?*

Yes. Consideration should be given to the importance of analysis and presentation of findings at the smallest geographical unit possible. Local Governments are the settings for much intervention in public health and data is required at this level, at the very least.

3. *Where should measures of physical activity be incorporated in a national food and nutrition monitoring and surveillance system (e.g. as part of dietary assessment) or should they be managed separately?*

They should be managed separately, but where possible use the same geographic sampling and analysis. E.g. ABS Collection District or Local Government area.

4. *Do you have any other suggestions about how a national food and nutrition monitoring and surveillance system might best be established and sustained (eg infrastructure needed, where located, funding sources)?*

The federal government should fund the FNMS and build on existing expertise such as the Australia Bureau of Statistics and or the Australian Institute of Family Welfare. In addition, it is desirable to offer incentive to states, territories and local governments to use the same framework, e.g. by offering free software and training in the use of the database. This will ensure governments have quality, integrated, reliable data for monitoring interventions and evaluations of healthy eating strategies.

### 3. Comprehensive dietary assessment

VicHealth supports the rationale for comprehensive dietary assessment. VicHealth is particularly encouraged by the recognition that data from the comprehensive dietary assessment will be related to demographic and other characteristics of the population subgroups such as socio-economic status and area of residence.

1. *Do you support the proposal to have an ongoing survey program as opposed to a one-off national nutrition survey?*

Ideally there should be both a one-off national nutrition survey every 3 or 5 years with an on-going survey program of more in-depth topics or sub-groups more regularly. Surveillance is a critical component of public health, and many other health risk factors (eg physical activity levels) are done as frequently as every 2-3 years. There is a need to ensure that any monitoring framework is sustained. This will require being integrated where possible with the responsibilities of a well-established auspicing body.

2. *Are there other advantages or disadvantages with either option other than those noted in Table 1?*

Another advantage of having an ongoing survey program is the opportunity not only to retain but also the opportunity to train and build the capacity of technical expertise in this area.

3. *Is there another option you would recommend?*

No

4. *With regard to the proposed model, do you agree with the proposed features (i.e. 24 hour recall including supplement intake, repeat recall on sub-sample; food frequency questionnaire)?*

Yes. However as part of the 24-hour recall, some qualitative data (i.e. behaviours associated with eating) should also be collected. This includes: eating alone, periods without food, restrictive dieting behaviours etc. These are all risk markers for malnutrition and overweight/obesity.

5. *Are there any concerns with the proposed model or suggestions for improvement?*

VicHealth is not convinced about the need to collect supplement intake. If resources are limited, this data may be obtained from another source such as sales data.

6. *Which organisation(s) are best placed to provide the infrastructure needed to (a) manage and (b) conduct an ongoing dietary survey program?*

(a) ABS and AIHW

(b) State/Territory Population Health Units – those responsible for state-wide population health surveys.

7. *What kind of collaborative arrangements are likely to be most effective?*
- Incentives for states, territories and local government authorities to use the same framework (e.g. potential to integrate data, definitions, software for analysis etc).
  - International collaboration with countries who have conducted these surveys and undertaken monitoring for a longer period and for a larger scale

#### **4. Biological measurements of nutrition related health status**

1. *Do you support the proposal that biological measures of nutritional status are best collected in the context of a dietary survey?*

Yes, but only the minimum number of measures should be collected as part of the dietary survey (i.e. those required to validate self-reported dietary intake and to assess the relationship between nutritional status and dietary data). The other measures could be sourced from other data sources and longitudinal studies (**eg Health 2000, AusDiab, hospital admissions, child birth, pathology**), as part of an integrated monitoring framework. If there is a well-supported national framework with a clear timeframe for data collection, other sources can be used or commissioned to fill in the gaps.

2. *Are there advantages/disadvantages that need to be considered that are not noted in Table 2?*

No

3. *Are there any other options that you would recommend for obtaining data on biological measurements?*

No, as mentioned in 1.

4. *Do you agree with the criteria for the selection of nutrient related measures and risk factors?*

Yes

5. *Do you consider that biological measures of nutritional status are more, equally or less important than comprehensive dietary assessment in the context of establishing a food and nutrition monitoring system for Australia?*

Empirically, biological measures of nutritional status are more important than comprehensive dietary assessment. They provide a picture of an individual's global health whereas comprehensive dietary assessment provides an indication of risk of abnormal nutrition status. In the context of a food and nutrition monitoring system, comprehensive dietary assessment need include only a handful of anthropometric or clinical measures, with the remainder being collected as part of the National Health survey (refer to 1 above)

## 5. Food and supplement consumption habit surveys

1. *Do you support the proposed links with the ABS National Health Survey program and with CATI surveys as opposed to designing/commissioning a food habits survey?*

VicHealth agrees that it is more cost effective to build on the considerable works which has been done in the National Health Survey program and with CATI surveys.

2. *Do you agree with the proposed features of the two approaches?*

Yes, the savings from this integration should be deployed to sample specific groups using interpreters such as the Koori community, and people from culturally and linguistically diverse backgrounds.

3. *Is standardisation of questions in state and territory CATI surveys achievable?*

Yes, with a strong and well-funded national framework, leadership and relevant incentives for states (as previously mentioned)

4. *Is there another option that you would recommend?*

It is essential that at regular intervals, there are face- to- face surveys with people at risk of homelessness, people needing interpreters such as people with limited English and from culturally and linguistically diverse backgrounds.

6. *Which organization(s) could be candidates for collaborating with the ABS and the CATI Technical Reference Group on planning the food and supplement habits questions and analysis?*

VicHealth believes that this framework requires a dedicated team within ABS to allow for seamless integration with other national survey collections. Relevant Tertiary institutions, such as Centre for Public Health Nutrition (NSW) should be considered as key collaborating bodies with this team.

## 6. Food Supply Monitoring

This discussion paper focuses on the individual and neglects the central role of the supply chain. The assumptions underpinning this discussion paper have been that people can afford to choose what they want to eat. It overlooks the major socio-economic forces affecting food choices.

1. *Do you support the above proposals for monitoring food supply issues?*

VicHealth agrees with the inclusion of food supply monitoring. We believe this section should form the start of the food consumption continuum and therefore should sit at the start of the discussion paper and survey questioning.

2. *Do you have specific concerns about these proposals?*

VicHealth is concerned with the emphasis in this proposal on manufactured foods and supplements. Food Supply monitoring should be focused more heavily on access, food production, availability and the quality of accessible foods. There also needs to be consideration to the environmental implications of food supply and distribution.

There appears to be inadequate mention of how “hard-to-reach” groups will be accessed. Sampling procedures need to take into account hostels, refuges, and transient individuals.

3. *Are there other practical alternatives to monitoring the quantity, quality of, and access to, the food supply?*

One practical alternative is for the FNMS to develop a standardized framework and questions to capture community- based (local government or post code etc.) food access issues including the location of shops, cost of various basic food items and transport options to the shops. If there is support to structure and analyse the data, it would act as incentives for local government authorities or community-based organisations to undertake local population surveys

5. *Are there organization(s) / other than those currently involved in collecting and reporting food supply data, that could contribute to this area?*

Local government authorities, local producers, religious organizations, welfare and emergency relief organizations.

6. *Which organizations best placed to further the development of standard methods for measuring food access/security.*

This should be part of the brief of the ABS Team chosen to auspice the National Nutrition Survey or National Health Survey. However, local government authorities and welfare organizations must be part of the technical reference group members.