

Position Statement on Healthy Eating

October, 2005

Preamble

VicHealth considers the social, economic, environmental and cultural determinants of health and wellbeing in its approach to promoting health. VicHealth's goal is to support processes within social structures, communities, and individuals to enable people to increase control over their lives in ways that achieve and maintain health.

VicHealth's Strategic Directions 2003-2006 recognises the role of **healthy eating** in improving the health of Victorians. VicHealth has reviewed its past investment and has now set clear directions for investing in **healthy eating** until 2010. This investment will complement the activities of government and non - government organisations by supporting research and innovations in health promotion that contribute to a knowledge and evidence base and address inequalities that ultimately improve population health (*Refer to VicHealth position statement on Inequalities*).

VicHealth Principles

Healthy eating is not only about the consumption of nutritious foods but also about the integral and enjoyable part of daily life that food offers (1).

Access to adequate food is affirmed as a basic human right (2). Basic human rights are about upholding dignity. Dignity does not come from being fed (eg soup kitchens, welfare food vouchers etc), but from providing for oneself. It's about having an informed choice over what foods you want to eat (3)

There is an adequate supply of nutritious food in Victoria. All Victorians should have equal access to the nutritious foods necessary for health.

VicHealth considers the term “**nutritious foods**” to:

- Refer to a wide **variety** of foods, in accordance with the Dietary Guidelines for Australians (3a-3b) and
- Be that which is **balanced** against the body's requirement for growth, metabolism and physical activity across the life stages (4) and
- Be that which is **consumed regularly** and consistently; without periods of over-consumption or severe restriction as evident in patterns of extreme dieting or hunger (5) and
- Be fundamentally **unchanged** in its definition over many years despite the varying and conflicting messages in the public arena (4, 6 -7).

VicHealth Notes

Healthy eating: more than nutrients

1. The cultural and social significance of growing, cooking, eating confers health and social benefits through joint preparation and sharing of food (8-9).

Healthy eating is a critical building block for health and wellbeing

2. **Nutritious foods** are a resource for optimal growth, development and health throughout life and contribute to physical vitality, mental health and social wellbeing (4, 10).

3. Nutrition requirements change throughout the lifecycle, with pregnancy, breastfeeding, childhood & adolescence and older years being periods of most change (4). Maternal and early childhood nutrition is recognised as key predictors of health in later life and provides early and cost effective points of intervention (10).

4. Nutritious foods can help prevent chronic disease (including cardiovascular disease, cancer, diabetes, osteoporosis and dental disease) (4, 10). It is estimated that dietary factors account for between 7 – 20% of the total burden of chronic disease in Australia (11-12). Diets high in fat, sugar and saturated fat; or low in dietary fibre, vegetables & fruit (4, 10 -11), and obesity all play a part in the development of these chronic diseases. Obesity is a complex interaction of many factors over time, and results ultimately from an energy imbalance: a combination of physical inactivity and/or over-consumption of energy-dense foods (4, 13, 14). In addition to associated physical health problems, overweight and obesity can lead to low self esteem and mental ill-health (13).

Determinants of healthy eating

6. Food choices are determined not only by individual taste preferences, but also by an interaction of individual, social, cultural, economic and environmental influences (15 -17) Individual characteristics such as income, education, cooking ability, age, and ethnicity will affect food choice. Broader economic, social, and environmental factors such as globalisation, food production, trade agreements, taxes levied on food, and transport policy may determine the availability, quality and price of food and subsequently influence food choice (1,15,16).

7. In Australia, (like many overseas countries), geographic remoteness, accessibility to transport, availability of local food retailers, availability of culturally appropriate food and access to adequate cooking facilities have each been reported as important determinants of food choice and intake (10,18 -20).

8. The supply of commercially prepared food products continues to expand as does the associated food marketing expenditure. A disproportionate amount is spent promoting foods of poor nutritional value (21). For example, the content of television advertising directed at children is of particular concern. Foods such as crisps, chips and chocolate, which are higher in fat, salt and sugar, dominate children's' prime viewing time (22).

9. Australian eating habits, like most developed countries have changed over the last few decades in response to external forces (4). Adult and childhood obesity is increasing (13). Over the last ten years the prevalence of overweight in children has almost doubled and the prevalence of obesity has more than tripled (13). Restrictive dieting, as a measure to lose weight is an unhealthy approach to weight management. Nine out of ten restrictive diets are unsuccessful, often leading to weight re-gain, feelings of failure, poor self-esteem and associated mental ill-health (5). VicHealth recognises and supports the importance of combining regular physical activity with nutritious foods to help maintain a healthy weight (13, 23)

10. In 2003, almost **90%** of Victorians did **not** meet the healthy eating guidelines for vegetables. Fewer than 6% of males and less than 11% of females consumed the minimum recommended quantities of fruit and vegetables each day (2 fruit and 5 vegetables). People with lower socioeconomic status in Victoria are more likely to be associated with **not** eating the recommended quantities of fruit and vegetables each day (24). Increasing fruit and vegetable levels in Australia by just one serve a day would save between \$8.6million and \$24.4 million per year in direct health care costs relating to cancer and a further \$150 million relating to direct health costs associated with cardiovascular disease (11).

11. There is an increasing disparity between upper and lower socioeconomic groups in terms of all dietary behaviours and associated health outcomes. Lower socioeconomic groups are less likely to eat a diet consistent with the dietary guidelines, are more likely to suffer from both over-nutrition and under-nutrition and have a higher incidence of diet-related disease (24-27). Evidence suggests that the availability, accessibility and high cost of nutritious food in communities with social or geographical disadvantage impacts significantly on the consumption of healthy food (10, 19, 28 -30).

12. People with income constraints are more likely to consume energy-dense foods (4, 13 -14) than plant-based foods as they are perceived to be more filling, more affordable, and more accepted by family members (14). The paradox of periodic hunger interspersed with periods of high energy consumption is that it can lead to poor nutrition and overweight for some vulnerable groups (30,31).

13. Irregular access to safe, nutritionally adequate, culturally acceptable food from non emergency sources is known as food insecurity (33). Food insecurity is becoming an increasing concern for many population groups including the aged, the homeless, and people with chronic problems such as alcoholism, those with a physical or mental illness, Aboriginal and Torres Straight Islander communities and people from CALD backgrounds (34, 35). The risk of obesity is 20 to 40 % higher in women who have low incomes and are experiencing food insecurity. This was observed consistently across the United States, Europe and Australia (13, 15,27, 31).

14. In 2004, the Australian Bureau of Statistics reported that almost 60, 000 Australians from low-income working families had gone without meals in the past 12 months (36). This is likely to be an underestimate of the prevalence of food insecurity, as mail and household surveys under represent people who are very disadvantaged including residents of hotels, boarding houses and institutions and the homeless. (37).

In Summary

12. Multi-level, multi-strategy approaches that address 'upstream' economic, economic, social and environmental determinants of both healthy eating and physical activity are likely to be more effective in sustaining long-term health (10, 37)

13. Promoting physical activity in tandem with healthy eating is a key strategy for the prevention and sustainable management of overweight and obesity as well as the prevention of chronic disease (4, 13).

14. Healthy Eating is achievable if there is access to a variety of affordable foods for healthy eating (37).

15. Small dietary improvements at a population level can bring about substantial health and economic gains (4).

In addressing health inequalities, VicHealth plans to promote healthy eating by:

- Supporting a social determinant approach to healthy eating that combines regulation, policy, programmes, research, monitoring and evaluation
- Investing in areas that attempt to understand and address systemic barriers to healthy eating. In particular, it aims to strengthen the role of Local Government Authorities in promoting food security.
- Building the capacity of key-stakeholders such as planners, policy-makers, and decision-makers across a range of sectors.
- Complement the strategic directions of SIGNAL (Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership) around the key nutrition priorities that address strategies under Health Gain, Capacity Building and Strategic Management and support Victorian state government public health nutrition strategies.
- Continuing to monitor, respond to and advocate on current and emerging issues impacting on healthy eating among disadvantaged groups.

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