

**AMA Submission  
Australian Dietary Guidelines 2011 – Draft for Public Consultation****Introduction**

Food provides our bodies with the energy, protein, essential fats, vitamins and minerals to live, grow and function properly. Eating a balanced diet is essential for good health. Eating inappropriately results in poor health, and can be associated with serious chronic health conditions.

In Australia, the majority of adults are either overweight or obese.<sup>1</sup> Concerning trends have also been observed in Australian children.<sup>2</sup> Australian Bureau of Statistics data suggests that in addition to consuming too much energy overall, many Australians are consuming too much of the wrong types of food, such as foods and drinks high in added fats and sugars, and too little of the right types of foods including vegetables and wholegrain cereals.<sup>3</sup>

The implications of these consumption patterns are serious. Along with a range of psychosocial impacts, people who are overweight or obese have an increased risk of physical health problems including cardiovascular disease, high blood pressure, type 2 diabetes, sleep apnoea and osteoarthritis.<sup>4</sup> Excess body fat may also increase the risk of various forms of cancer.<sup>5</sup> Advances in chronic disease management and preventive medicine can also be undermined with poor dietary habits. In Australia, Access Economics estimated the cost of obesity to be over \$8 billion.<sup>6</sup>

As highlighted in the draft National Health and Medical Research Council's (NHMRC) Australian Dietary Guidelines, 'diet is the single most important behavioural risk factor that can be improved to have a significant impact on health'.<sup>7</sup> The Australian Dietary Guidelines must therefore provide evidence-based recommendations about health eating. There is no question that the current Australian Dietary Guidelines are based on robust evidence, but there may be question as to their impact, given the continued rise in overweight and obesity. The revised Dietary Guidelines must be expressed and communicated in a way that encourages and supports healthy food and drink choices.

**Supporting Medical Practitioners**

Doctors recognise the importance of providing patients with timely information and advice when risk factors emerge. About 88% of all Australians visit a general practitioner at least once a year,<sup>8</sup> giving doctors significant opportunities to discuss risk factors, such as poor diet, with a very large proportion of the Australian population.

The draft Dietary Guidelines acknowledges the importance of doctors (and other health professionals) as prominent sources of dietary advice by including "Practical considerations for health professionals" with each guideline. Unfortunately some of these practical considerations have not been well thought

through. For example, the suggestion that health professionals recommend substituting generic brands for market brands as a measure to reduce weekly food costs (pp 31) fails to appreciate the dynamics between doctors and their patients, and ignores the fact that generic brands may constitute poorer dietary choices.

If doctors (and other health professionals) find the “Practical considerations for health professionals” to be unsuitable, they will be reluctant to adopt them.<sup>9</sup> A safeguard against this is to include a ‘reality test process’ that is based on specific input and feedback from practising doctors.

There are also existing examples of practical advice for health practitioners that are worth the NHMRC’s consideration. For example, Appendix 2.1 of the *Dietary Guidelines for Americans 2010*<sup>10</sup> provides recommendations about potential strategies for health professionals, including helpful hints that can be tailored to suit the needs of individual patients as well as broader population groups. The presentation of the information in table form also makes the recommendations more accessible for busy professionals.

The NHMRC could also consider developing two or three day (short) eating plans for doctors to provide to patients who are at risk of common diet-related health problems, such as prediabetes and high blood pressure. These eating plans would provide patients with initial guidance about appropriate food choices and could be followed up later with more specific advice from an accredited dietician. Doctors would also benefit from having up to date information about evidence-based services such as community dietitians, healthy cooking classes and group weight-loss programs that operate in their local area.

### **Improving Nutritional Literacy**

It is essential that the revised Dietary Guidelines provide practical and easy to understand information about appropriate diet. This information needs to reflect the balance between being sufficiently general, in order to meet the needs of the broad population, while also providing specific information about how people can improve their food choices.

A good starting point is to ensure that all people are aware of their own energy needs and the energy needs of those they are responsible for, such as children and the elderly). This information should be provided in a range of formats, including attractive online presentations that provide information on energy needs across the lifespan (and by activity levels). Such information should also include practical advice about portion sizes and better choices in each of the food groups. Good examples of such online tools can be found at:

- <https://www.choosemyplate.gov/SuperTracker/default.aspx>
- <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

*Additional supporting measures*

Given the rates of overweight and obesity in the Australian population, it is not surprising that the media tends to focus on quick fixes and extreme diets. Alongside this sensationalised media coverage, increasingly sophisticated advertising encourages both children and adults to consume energy-dense nutrient-poor food and drinks. This constant barrage of information can lead to extremely poor dietary patterns. While there is potential for the NHMRC (and other health professionals) to work with journalists (and their editors) to improving media coverage of dietary related issues, food advertising is more problematic. Children are particularly vulnerable to food advertising, and the effectiveness of voluntary codes that aim to reduce children's exposure has been questioned.<sup>11</sup> Efforts to improve nutritional literacy must recognise the countervailing impact of food advertising (and encourage critical assessment of claims made in food advertising). The AMA believes that unhealthy food and drink advertising that targets children is inappropriate.

Food labels are an important source of information. Unfortunately current approaches to food labelling may confuse and sometimes mislead consumers. While it is understood that food labelling is not a focus of this review, it is important to note that the confusion associated with food labelling can undermine dietary recommendations. The AMA believes that food labelling which is simple and informative is key to making it easier for people to make healthy choices about the types and amounts of foods and beverages they consume. Many of the health-related claims made on food products are also misleading and can be counter-productive to the development of good nutritional behaviours. For more information about the AMA's views in food labelling, please see: <http://ama.com.au/node/7354>

**Access and equity**

In Australia, there is an increased prevalence of overweight and obesity among certain population groups, including people from low socio-economic backgrounds, people with lower levels of education, Aboriginal peoples and Torres Strait Islanders, people from different cultural backgrounds, and people born overseas.<sup>12</sup> There are also some groups within the Australian population who are at increased risk of malnutrition, such as the elderly. An improved understanding of the barriers to a nutritious diet is important to ensure that the Australian Dietary Guidelines are appropriate for the population groups who are most vulnerable.

As noted in the draft Guidelines, modelling has demonstrated achievable reductions in cardiovascular health and cancer disease mortality with increased consumption of fruit and vegetables<sup>13</sup>. In Australia, those people who live in rural and remote areas pay a higher amount for fresh fruit and vegetables. In some instances the cost are high enough to prohibit consumption. The AMA has long advocated for subsidies to ensure affordability of healthy food options for all Australians (and taxes which increase the cost of energy dense nutrient poor foods and soft drinks).

## Summary

A key challenge for revised Australian Dietary Guidelines is to ensure that the recommendations are not only evidence based but practical and easy to adopt as part of regular eating patterns for all Australians. Consultation needs to be undertaken with health professionals, including doctors, to ensure that they have appropriate tools to support discussions with their patients around appropriate nutrition. A range of approaches should also be utilised in order to improve nutritional literacy particularly among population groups most at risk of poor nutrition. While updated Dietary Guidelines will not solve all the problems associated with poor eating habits in Australia, they are an important part of the multifactorial approach that is required.

## Key Recommendations:

- Improvements / revision of practical recommendations for health professionals. These recommendations need to be sensitive, practical and produced in an easily accessible format;
- Development of eating plans for dietary related risk factors that doctors can provide to patients at risk;
- A range of resources for the public around to adhere to dietary guidelines (and improve their diets), including education on energy needs and portion sizes;
- Improvements to food labelling, including Front of Pack labelling. The AMA supports the Traffic Light Labelling approach;
- An improved understanding of the barriers to a nutritious diet is important to ensure that dietary recommendations are appropriate for the population groups who are most vulnerable;
- Subsidies to ensure affordability of healthy food options (and taxes which increase the cost of energy dense nutrient poor foods and soft drinks).

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<sup>1</sup> Australian Bureau of Statistics (ABS) 2009. 4364.0 The 2007-08 National Health Survey (Reissue): Risk factors. Available from: <http://abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4364.0Mainper cent20Features42007-2008per cent20per cent28Reissueper cent29?opendocument&tabname=Summary&prodno=4364.0&issue=2007-2008per cent20per cent28Reissueper cent29&num=&view=>

<sup>2</sup> Margarey AM, Daniels LA & Boulton TJ. 2001. 'Prevalence of overweight and obesity in Australian children and adolescents: Reassessment of 1985 and 1995 data against new standard international definitions', *Medical Journal of Australia*, vol 174, pp. 561-564. Available from: [http://www.mja.com.au/public/issues/174\\_11\\_040601/magarey/magarey.html](http://www.mja.com.au/public/issues/174_11_040601/magarey/magarey.html)

<sup>3</sup> National Preventative Health Taskforce, *Australia: the healthiest country by 2020 – National Preventative Health Strategy – the roadmap for action*, 2009a, Commonwealth of Australia: Canberra. Available from: [http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/\\$File/nphs-roadmap.pdf](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/$File/nphs-roadmap.pdf)

<sup>4</sup> World Health Organisation (WHO) 2000. Obesity: Preventing and managing the global epidemic. Report of a WHO consultation: WHO Technical Report Series 894. Available from: [http://whqlibdoc.who.int/trs/WHO\\_TRS\\_894.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_894.pdf)

<sup>5</sup> World Cancer Research Fund & American Institute of Cancer Research. 2009. Policy and action for cancer prevention. Food, nutrition and physical activity: A global perspective. AICR Washington DC. Available from: [http://www.dietandcancerreport.org/cancer\\_resource\\_center/pr\\_full\\_report\\_english.php](http://www.dietandcancerreport.org/cancer_resource_center/pr_full_report_english.php)

<sup>6</sup> Access Economics, *The growing cost of obesity in 2008: three years on*, 2008, Diabetes Australia.

<sup>7</sup> National Public Health Partnership, *Eat Well Australia: an agenda for action for public health nutrition, 2000-2010*, 2001, National Public Health Partnership: Canberra.

<sup>8</sup> *General Practice Activity in Australia 2007-08*. C. Bayram, H. Britt, et. al., AIHW, 2008.

<sup>9</sup> Some studies of clinical guidelines in these risk areas indicate that they are perceived by practitioners as better suited to education and information than to practical application. See, for example, “Diagnosis and management of childhood obesity: A Survey of general practitioners in South West Sydney”, Louise Silversten, et al., *Journal of Paediatrics and Child Health* Vol 44 2008, pp. 622-629.

<sup>10</sup> Available from: <http://health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>

<sup>11</sup> Hebden LA, King L, Grunseit A, Kelly B & Chapman K. 2011 Advertising of fast food to children on Australian television: The impact of industry self regulation. *MJA* 195(1) 20-24

<sup>12</sup> National Preventative Health Taskforce. 2009. Australia the healthiest country by 2020. Technical Report 1. Obesity in Australia: A need for urgent action. Including addendum for October 2008 to June 2009. Available from:

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-obesity>

<sup>13</sup> Scarborough, P., et al., *Modelling the impact of a healthy diet on cardiovascular disease and cancer mortality*. *J Epidemiol Community Health*, 2010.