Problematising Public Health Nutrition responses in Australia: a brief policy analysis

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NAIDOC Week is an annual celebration of the history, culture and achievements of Aboriginal people. 8th to 15th July
Overview

- Current situation with Australian Food and Nutrition Policy
- What is Funded? Food Literacy Programs
- What is Ignored? Food Insecurity Solutions
- Summary - Looking for the Policy Windows
Australian Food and Nutrition Policy

- Multi-later Federation- three tiers of Govt
  Little Federal directive & Strong neoliberal ideology

- State Governments - program delivery responsibilities
  New public sector management- outsourcing of service delivery - NGOS, NfP
  Disinvestment in public health nutrition workforce- mid 2000s - WA & QLD

- Local Governments- new Public Health Act

- Public Health Nutrition presents a range of ‘wicked’ policy problems to government
  Difficulties dealing with Government silos

(Begley & Pollard, 2016 Workforce capacity to address obesity: a Western Australian cross-sectional study identifies the gap between health priority and human resources needed BMC Public Health 16:881)
Australian Food and Nutrition Policy
Looking for the Policy Windows….

Kingdon’s Multiple Stream Analysis
Cullerton et al 2017 Using political science to progress public health nutrition: systematic review Public Health Nutr 19(11):2070
The ‘Problems’

Good Nutrition
- <1 percent eat according to the evidence base of the Australian Dietary Guidelines
- 35 per cent of adults energy from discretionary foods (41% children)
  41% for Indigenous

Food Insecurity
- 3.7% Ran out of money for food in the previous 12 months and could not afford to buy more
  20% urban Indigenous
  31% remote Indigenous

Obesity
- 63.4% adults overweight/obese

The ‘Problems’
Government Performance

- Healthy Food
  Environment Policy Index (Food-EPI) Australia 2016

- Developed by
  INFORMAS (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support)

# Scorecard for the Australian Federal government

## Expert panels’ assessment of the Australian Federal government’s level of implementation (up to 30 June 2016) of key policies for tackling obesity and creating healthier food environments

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Implementation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food composition</strong></td>
<td>Food composition standards / targets for packaged foods</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Food composition standards / targets for out-of-home meals</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Food labelling</strong></td>
<td>Ingredient lists / nutrient declarations</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Regulatory systems for health and nutrition claims</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Front-of-pack labelling</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Food promotion</strong></td>
<td>Restrict promotion of unhealthy food in broadcast media</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Restrict promotion of unhealthy food in non-broadcast media</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Restrict promotion of unhealthy food in children’s settings</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Food prices</strong></td>
<td>Minimise taxes on healthy foods</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Increase taxes on unhealthy foods</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Food provision</strong></td>
<td>Policies in schools promote healthy food choices</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Policies in public settings promote healthy food choices</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Support and training systems for public sector settings</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Support and training systems for private companies</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Food retail</strong></td>
<td>Retail store availability of healthy and unhealthy foods</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Food service outlet availability of healthy and unhealthy foods</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Food trade</strong></td>
<td>Trade agreement impacts assessed</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Protect regulatory capacity regarding nutrition</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td>Strong, visible, political support for population nutrition</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Population intake targets established</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Food-based dietary guidelines implemented</td>
<td>High</td>
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<tr>
<td></td>
<td>Comprehensive implementation plan linked to state/national needs</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Priorities for reducing inequalities related to nutrition</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td>Restricting commercial influence on policy development</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Use of evidence in policies related to population nutrition</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Transparency and access to government information</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Assessing the potential health impacts of all policies</td>
<td>High</td>
</tr>
<tr>
<td><strong>Monitoring &amp; Intelligence</strong></td>
<td>Monitoring food environments</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Monitoring population nutrition intake</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Monitoring population bodyweight</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Evaluation of major programs and policies</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Funding &amp; resources</strong></td>
<td>Research funding for obesity &amp; NCD prevention</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Independent health promotion agency</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Platforms for interaction</strong></td>
<td>Coordination mechanisms (national, state and local government)</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Platforms for government and food sector interaction</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Platforms for government and civil society interaction</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Support for communities</strong></td>
<td>Implementation of social marketing campaigns</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Food and nutrition in education curricula</td>
<td>Low</td>
</tr>
</tbody>
</table>

Indicates areas in which the Federal government collaborates with State and Territory governments to set national guidance and policy.
Policy Actors- Who owns the Australian Food Market?
"As a country, we can help tackle the obesity epidemic through the practice of industry, through participation, and with the support of government," he said.

"If you can work with the industry and get an outcome such as this, you get exactly the outcome we all want: healthier products, healthier children, and healthier adults."

*Federal Health Minister Greg Hunt* Tues 26th June 2018
Policy entrepreneurs- Role of Public Health Nutritionists

Fig. 1 Network Analysis of the overall nutrition policy network in Australia. Key: **NGO** | **ACADEMIC** | **GOVT** | **FOOD IND** | **DECISION MAKER** | **JOURNALIST** | **POLITICAL** | ◇ Public Figure | ◇ Nutrition Specialist | □ General Health | △ Private Sector
Western Australia (WA) and California
# Current Obesity Prevention Programs

**Department of Health WA**  
**Chronic Disease Prevention Directorate**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>betterhealth</strong></td>
<td>Lifestyle program for management of obesity in 7 to 13 y olds and their families (Better Health Company)</td>
</tr>
<tr>
<td><strong>Foodbank WA – School Breakfast</strong></td>
<td>Foodbank WA – School Breakfast and Nutrition Education Program for primary and secondary schools. Co-funded by the Department of Education and Department of Primary Industries and Regional Development.</td>
</tr>
<tr>
<td><strong>School Canteen</strong></td>
<td>Training and support to schools for implementation of the Department of Education’s ‘Healthy Food and Drink Policy’ (WA School Canteen Assoc’n)</td>
</tr>
<tr>
<td><strong>Refresh.ED</strong></td>
<td>K-12 Nutrition education and food literacy curriculum for teachers (Edith Cowan University)</td>
</tr>
<tr>
<td><strong>Livelighter</strong></td>
<td>Healthy Lifestyle Promotion and Education Program encouraging WA adults and their families to make healthier dietary choices and be more active (Cancer Council WA)</td>
</tr>
<tr>
<td><strong>Healthier Workplace WA</strong></td>
<td>Support services, tools and resources to assist workplaces to develop programs, policies and practices that support healthy behaviours for employees (Cancer Council WA)</td>
</tr>
<tr>
<td><strong>Food Sensations</strong></td>
<td>State-wide community-based food literacy and food skills development for adults from low to middle income households (FoodBank WA)</td>
</tr>
</tbody>
</table>
What is Funded? Food Literacy Programs

1. Planning and Management
   1.1 Prioritise money and time for food.
   1.2 Plan food intake (formally and informally) so that food can be regularly accessed through some source, irrespective of changes in circumstances or environment.
   1.3 Make feasible food decisions which balance food needs (e.g., nutrition, taste, hunger) with available resources (e.g., time, money, skills, equipment).

2. Selection
   2.1 Access food through multiple sources and the know advantages and disadvantages of these sources.
   2.2 Determine what is in a food product, where it came from, how to store it and use it.
   2.3 Judge the quality of food.

3. Preparation
   3.1 Make a good tasting meal from whatever food is available. This includes being able to prepare commonly available foods, efficiently use common pieces of kitchen equipment and having a sufficient repertoire of skills to adapt recipes (written or unwritten) to experiment with food and ingredients.
   3.2 Apply basic principles of safe food hygiene and handling.

4. Eating
   4.1 Understand food has an impact on personal wellbeing.
   4.2 Demonstrate self-awareness of the need to personally balance food intake. This includes knowing foods to include for good health, foods to restrict for good health, and appropriate portion size and frequency.
   4.3 Join in and eat in a social way.

FOOD LITERACY
Is the ability to...

Vidgen and Gallegos, 2014 Defining food literacy and its components Appetite 76:50-59
Food Sensations® for Adults
Foodbank WA

Review of the Adult Food Literacy Program (FoodCents) and Development of Best Practice Principles
$25,000 (2014)

Adult food literacy program tender (C06458)
$1.55 million awarded Jan 2016 to June 2018
$1.2 million extension July 2018 to June 2022

Begley A 2016, Developing food literacy through the health sector, in Vidgen H (Ed) Food Literacy: Key Concepts for Health and Education, Routledge
Food Sensations® for Adults
Structure

SESSION 1
Core Module 1: Healthy Eating
Core Module 4: Food Safety, Preparation and Cooking

SESSION 2
Core Module 2: Label Reading and Food Selection
Core Module 4: Food Safety, Preparation and Cooking

SESSION 3
Core Module 3: Budgeting and Meal Planning
Core Module 4: Food Safety, Preparation and Cooking

SESSION 4
Optional 1
Optional 2
Core Module 4: Food Safety, Preparation and Cooking

Session duration: 150 minutes
Food Sensations® for Adults

Program Objectives (Service Level Outcomes)

- Increased understanding of the impact of food on personal wellbeing
- Increased positive attitudes towards healthy eating
- Increased food literacy knowledge, skills and confidence, i.e.:
  - planning and managing food/menus
  - selecting, purchasing and storing nutritious foods
  - preparing nutritious food safely.
- Increased intentions to regularly select, prepare and eat nutritious foods
- Increased food purchasing and preparation in line with the national dietary guidelines.
Food Sensations® for Adults
Target Groups & Delivery
Challenges of Evaluation in *Real World* Programs

- How to design the evaluation (study design)?
- When should evaluation start?
- What are the ethical research challenges?
- What to measure?
- How effective can a program be?
- Who participates in evaluation?
- How & why a program works?
- How to report the results? (REAIM)
- How to disseminate the results?
2017 Program Impacts

REACHING LOW AND MIDDLE INCOME WESTERN AUSTRALIANS

During 2017, 72% of participants in the Food Sensations® for Adults program were from low to middle income households. This was assessed by converting postcode to Socio Economic Index For Area (SEIFA).

SEIFA Postcode

- High SEIFA: 28%
- Low SEIFA: 44%
- Middle SEIFA: 28%

MAKING IMPROVEMENTS TO FOOD LITERACY BEHAVIOURS

Participants who made overall positive change in food literacy behaviours

Top Three Changes*

IMPROVEMENTS IN DIETARY INTAKES

At the end of the program and three months after the program participants are reporting eating an additional:

- \( \frac{1}{4} \) serve of fruit
- \( \frac{1}{2} \) serve of vegetables
Future Considerations

- Validation of food literacy behaviour checklist
  Begley, Paytner, E, Dhaliwal S, , Development of a questionnaire for the evaluation of an adult food literacy program - validity and reliability testing, Nutrients- under review

- Predictors and impact of food insecurity

- Increasing response rates
  Questionnaire burden/incentives


- Non-equivalent control group

- Economic Analysis- Cost effectiveness/cost benefit analysis

What is Ignored? Food Insecurity

The Australian government is failing to fulfil its legal and moral obligation to guarantee the human right to adequate food for at least 1.2 million people who don’t have access to safe, affordable and nutritious food.

Inner City Perth- Emergency Food Relief 2015

How common is food insecurity in Australia?

3.6 million Australians (15%) have experienced food insecurity in the last 12 months. Of these, 3 in 5 experience food insecurity at least once a month.

- 4% Daily - it is a constant problem that I face
- 11% A few times a week
- 11% Once a week
- 18% Fortnightly
- 16% Monthly
- 29% Once or twice a year
- 10% Quarterly
Food Insecurity

- Australia is described as the ‘lucky country’
- Overproduce food (60 million)

- Healthway Special Disadvantage Grant – Assessing the charitable food sector and the needs of homeless and disadvantage people

Assessing the Charitable Food Sector Research

1. A comprehensive mapping exercise describing the players, relationships and key functions of the inner-city Perth CFS.

2. An assessment of direct services’ perspectives on the appropriateness and effectiveness of their services.

3. An assessment of the direct service recipients’ perspectives on the appropriateness and effectiveness of services and their dietary intake and food sources.
Figure 1. Model of the charitable food sector in inner-city Perth.
Part 1 CFS Mapping

- Salamon’s theory of voluntary failure

(i) philanthropic insufficiency, the “inability to generate resources on a scale that is both adequate enough and reliable enough to cope with the human-service problems

(ii) philanthropic particularism, which occurs when “some subgroups of the community may not be adequately represented in the structure of voluntary organizations” where the focus is on treating “the more ‘deserving’ of the poor” leaving serious service gaps or duplicating services and wasting resources;

(iii) philanthropic paternalism, which refers to the notion that “those with the greatest resources have influence over the definition of community need”

(iv) philanthropic amateurism, described as “amateur approaches to coping with human problems”

Part 2 Assessment of direct services’ perspectives on the appropriateness and effectiveness of their services
Part 3 CFS recipients perceived needs and evidence of dietary intakes

N=101 street present people
Part 3 CFS recipients perceived needs and evidence of dietary intakes

<table>
<thead>
<tr>
<th>Food purchased if given $20</th>
<th>Most wanted foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat and Meat Alternatives</td>
<td>41%</td>
</tr>
<tr>
<td>Fruit and Vegetables</td>
<td></td>
</tr>
<tr>
<td>Dairy Foods</td>
<td></td>
</tr>
<tr>
<td>Breads and Cereals</td>
<td></td>
</tr>
<tr>
<td>Sugar Sweetened Beverages</td>
<td></td>
</tr>
<tr>
<td>Confectionary</td>
<td></td>
</tr>
<tr>
<td>Hot Savoury Confectionary Foods</td>
<td></td>
</tr>
<tr>
<td>Takeaway Foods</td>
<td></td>
</tr>
<tr>
<td>Mention Of Healthy Food</td>
<td></td>
</tr>
<tr>
<td>Mention Of Healthful Foods/Terms</td>
<td></td>
</tr>
<tr>
<td>Mention Of Meals</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

CRICOS Provider Code 00301J
Part 3 CFS recipients perspectives

Booth, Begley et al 2018 Gratitude, resignation and the desire for dignity: lived experience of food charity recipients and their recommendations for improvement, Perth, Western Australia, Public Health Nutr Accepted 24th April doi:10.1017/S1368980018001428
Future Considerations- The Way Forward

1. Government-led framework with strategic coordinated partnerships with policy, licensing and funding supports

2. Refocus, resource and prioritise the requirements for a nutrition-focussed CFS.
   Building a nutrition-focused Western Australian charitable food sector ($389,992) “Developing Food Bank Nutrition Policy to Procure Healthful Foods” (Canvas.net) MOOC

3. Establish CFS principles and standards for appropriate food service needs

4. Explore options to increase the sufficiency and efficiency of the food supply

5. Training and development of the CFS workforce is needed

6. Develop a CFS measurement system monitoring demand, distribution, impact and economic benefit

7. Reorient the CFS to create pathways to build sustained food security for recipients
Summary
Looking for the Policy Windows…

- Using research effectively to contribute to agendas of solutions
  - Implementation fidelity (how and why)
  - Costed strategies (cost effectiveness and cost benefit analysis)

- Communicating research findings to policy makers
  - Best practice solutions
  - Framing of the issue/advocacy
  - Use of stories (emotions and values)

- Engage with Policy entrepreneurs/organisational advocacy
  - Evidence summaries (positions papers)

Cullerton et al, 2016 Playing the policy game: a review of the barriers to and enablers of nutrition policy change, Public Health Nutr 19(14), 2643–2653