

The development of food and nutrition policy in Australia, with special attention to the State of Victoria

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Introduction

The purpose of this paper is to outline the evolution of food and nutrition policy in Australia with particular attention to the state of Victoria. Many of the developments recounted occurred in the early to mid 1980s. Since that time the accumulation of balance of payments and financial difficulties has led Australian governments to adopt ever more defensive postures. The ultimate fate of policies that are not directly connected to the struggle for economic survival remains uncertain.

This paper attempts to provide both a general historical context for the development of food and nutrition policies at a national level and a detailed analysis of a specific initiative at state level.

The text divides into 2 parts; an introductory part providing background to developments in Australia and a second part dealing with developments in Victoria.

Australia

Australia is a highly urbanized (86%¹) medium sized industrial country. For each of its 16 million inhabitants there are approximately 30 hectares of farm land, but only 1.2 of these are cultivated for crops.² Only 6% of the workforce is engaged in farming.³ Australian farming is highly efficient in its use of labour but much of the land is relatively unproductive. Enough food is produced to feed around 35 million people⁴ — more than half of them overseas.

Food has historically been cheap; only recently has it become varied. A 'traditional' diet reflecting Anglo-Celtic food preferences and typically including large quantities of meat, has been substantially modified over the past couple of decades by immigration and cosmopolitanism. 21% of Australians are foreign-born⁵ and an increasing use of Mediterranean and Asian foods has been apparent.

Government

Australia has a federal system of government with 6 states and 2 territories. At the Commonwealth level the Liberal and National (Country) parties were in government from late 1949 to 1972 and again from 1975 to

1983. From 1972 to 1975 and again since 1983 the Australian Labor Party has been in government.

Policy-making in food and nutrition has not escaped the difficulties which generally characterize decision making in Australia's system of government. The constitutional constraints which shape the division of power between Federal and State governments create a policy-making environment which is extremely complex, particularly where an inter-sectoral approach is required.

Australian State governments have their own departments of Health and Agriculture, whilst the Federal government also has a Department of Community Services and Health (DCSH) and a separate Department of Primary Industries and Energy. Customs, import and tariff decisions are the exclusive jurisdiction of the Federal government. A third tier, local government (constitutionally controlled by State parliaments), may impinge on food and nutrition issues through its responsibility for food hygiene and sanitation inspection. The relationship between the governments is a complicated arrangement of powers, dominated by Federal control of finances but dependent on State cooperation to implement programs at local level. Most food producer groups have organized representation at both State and Federal level. State governments have legislated to establish various Boards with statutory powers to regulate the production and sale of individual products, such as potatoes or eggs, whilst other products, most notably wheat, have been regulated on a national level where the recent direction of policy has been de-regulatory.

Individual States are responsible for the development and implementation of their own health policies, including responsibility for hospitals. However, since the Second World War the maintenance of health services has become heavily dependent on federal funding, with special grants to the states for community health and health promotion services, so to that extent the National

Background paper for the First European Conference on Food and Nutrition Policy, Budapest, October 1-5, 1990.

An abstract of this paper appears on page 59.

Table 1. Levels of government involvement in food and nutrition; a Victorian perspective

Department	Effective body	Area
<i>National</i>		
Community Services and Health	Better health, better health program (also coordinates involvement of the states)	Nutrition components of national health promotion program (see Fig 2)
Business and Consumer Affairs	National Food Standards Council (also coordinates involvement of the states)	Food standards and regulations
Primary Industries and Energy		Primary produce marketing including export standards
Treasury	Industries Commission	(de) Regulation of food standards
<i>State of Victoria</i>		
Cabinet	Interdepartmental Committee on Food and Nutrition	Coordination of policy related to food and nutrition
Health (HDV)	Food Unit (HDV)	Coordination of policy related to food and nutrition within HDV
Agriculture and Rural Affairs (DARA)	Food Unit (DARA)	Coordination of policy related to food and nutrition within DARA, especially in relation to food safety (pesticide residues)
	Research and development	Development of production systems for leaner livestock
Education	(Curriculum)	Health education, school canteens
Industry, Technology and Resources	Regulation Review Unit	(de) Regulation of food standards
<i>Local government (varies by state)</i>		
Environmental Health	Health surveyors	Inspection especially of retail outlets and local education

government also has influence. Several State governments have considered the concept of an integrated approach to food and nutrition policy, Victoria having taken the most active steps to follow this through. One of the impediments to such action is that no single authority controls all the decision-making powers necessary for a properly integrated programme. The involvement of different levels of government in food and nutrition matters in Australia, from the perspective of the State of Victoria, is set out schematically in the Table.

Despite its lack of constitutional authority, the Federal government has had a longstanding involvement in the development of nutritional advice. It established the National Advisory Council on Nutrition (1936-8) 'to foster the general nutrition of the rising generation' and to correct 'faulty dietary habits in general by the publication of sound propaganda'.⁶ This body was mainly concerned with the kind of nutrition issues exacerbated by the Depression years, giving emphasis to problems of under-nutrition. Its work was taken up by the National Health and Medical Research Council (NH & MRC) (1937), which established specialist advisory committees on which all States and Territories are represented. There is no obligation for State governments to follow the advice that is offered.

The first table of recommended dietary allowances was issued by the NH & MRC in 1954, based heavily on that of the American National Research Council. In 1970 a further document was produced which was essentially an interpretation of FAO-WHO reports. These recommendations have been revised recently and are published as Recommended Dietary Intakes for Use in Australia.⁷

Post-war affluence changed dietary habits. By the 1970s it was realized that dietary 'affluence' had almost certainly contributed to the rise of cardio-vascular disease. The concomitant need for increasing expenditure on health services heightened concern.

In the mid-seventies, Australia suffered an economic downturn which was followed by a change in rhetoric amongst those responsible for directing the course of health policy. It was suggested that a change in emphasis in government expenditure from medical and hospital services to preventive measures might reduce the drain of public resources to the medical sector and at the same time improve the health of the nation. Better nutrition was recognized to be one of the most promising strategies.

In 1979 the Federal Department of Health (as it then was) took a significant step when it announced a 'food

and nutrition policy'. The most significant component was a set of dietary guidelines which, although not quantitative, recognized the dietary contribution to chronic disease as the main area of concern. They were

- * increase breastfeeding
- * provide nutrition education on a balanced diet for all Australians
- * reduce the prevalence of obesity
- * decrease total fat consumption
- * decrease refined sugar consumption
- * increase consumption of complex carbohydrates and dietary fibre, ie wholegrain cereals and vegetables and fruits
- * decrease alcohol consumption
- * decrease salt consumption

These guidelines, together with the tables of recommended dietary intakes, formed the basis of food and nutrition policy throughout the 1980s and have been accepted by Commonwealth, State and Territory governments. During the past few years the State governments have organized various education campaigns, issuing leaflets and information to raise the level of nutritional awareness in the community. The educational model supported by the Commonwealth Department of Community Services and Health (CDCSH) expresses recommendations in terms of number of servings per day from each of 5 food groups.

- * breads and other cereals (4 servings)
- * vegetables and fruit (4 servings)
- * meat and meat substitutes (1 serving)
- * milk and milk products (300 ml for adults, 600 ml for children, pregnant and lactating mothers)
- * butter or table margarine (1 tablespoon each day).⁸

Whilst the intention of these campaigns has been to influence the dietary habits of the Australian population through improved nutrition education, the restricted resources available for them have limited their potential impact and their effectiveness has never been properly assessed. Governments have, until recently, been reluctant to move beyond the role of educator: past exceptions, such as the provision of free milk to schoolchildren, point to the influence of producer interests.

Nutritional surveillance has also been limited. A national diet survey of 1983 was the first of its kind since 1943. Heavy reliance has had to be placed on food disappearance data.

Recent health trends and the Better Health Commission

Despite impressive gains in longevity over the past two decades, Australians continue to suffer substantial avoidable ill-health from diet-related causes. The gains that have occurred (particularly the substantial decline in mortality from ischaemic heart disease⁹) came about largely without the assistance of sustained and coherent public programs aimed at altering relevant dietary practices. As in other Western industrial societies an average of around 40% of dietary energy continues to come from fat.¹⁰

In 1985 the Federal Minister for Health announced the establishment of the Better Health Commission which

he described as 'the first national effort to change the basic direction of health policy in this country.'¹¹ Its guidelines were to make recommendations on the promotion of a preventive approach to disease, and to suggest national health goals and priorities. The Commission established several specialist Task Forces to investigate specific areas of concern. One of these was a Nutrition Task Force.

The report of the Commission, which appeared in 1986, strongly supported a significant national commitment to the promotion of better health and a new independent national body to provide leadership and to act as a focus for health promotion. The report of the Nutrition Taskforce adopted a much more positive approach to food and nutrition policy and was notable not only for the quantitative objectives it established, but for the wider parameters it defined as the appropriate concern of nutrition policy. It set the following targets for the year 2000:

- * to reduce the prevalence of overweight and obesity from 38% to 25%.
- * to reduce the fat contribution to the Australian diet from 38% to 33%.
- * to reduce the contribution of refined sugars to the total energy content of the Australian diet from 14% to 12%.
- * to reduce to 5% the contribution of alcoholic beverages to the total energy content of the Australian diet.
- * to increase the level of breastfeeding at 3 months of life from 50% to 80%.
- * to increase the dietary fibre content of the Australian diet from 17 grams per day to 30 grams per day.¹²

Quantitative goals of this kind were new but the Commission shied away from pursuing them by interventionist or structural means. It merely recommended that Australian government should aim to effect change in the food supply through nutrition education and 'increased liaison between health, industry, education and consumer bodies.'¹³ These quantitative goals appear to have played no important role in the subsequent development of policy.

There are many explanations for this attitude. Partly it reflects the organization of the system of government. The division of powers not only constrains intersectoral decision-making at a practical level, but also creates an additional element of intergovernmental tensions and jealousies, particularly over funding issues.¹⁴ At a more fundamental level it reflects characteristics of Australian political culture which are not particularly favourable for government intervention in the economy where the objective is to improve health. (There is considerable government intervention for other purposes, although much of that is now under challenge with the resurgence of laissez faire ideology.)

The political economy of food and nutrition

Australians have been described as having a 'characteristic talent for bureaucracy' which leads to an acceptance of a wide role for government.¹⁵ However, closer analysis reveals that, rather than a general rule, this tendency is limited to certain well defined patterns.

Australia's welfare services are not as extensive as those of the UK or the Scandinavian countries¹⁶, and the history of public sector activity in the provision of health services has been more limited than in otherwise similar nations. Public insurance for doctors' and hospital fees has been a controversial political issue and a high proportion of doctors' services take place as 'private' transactions. With such basic principles as these in contention, the more radical step of subordinating agricultural or economic priorities to that of nutrition, even with health goals as a justification, could not be expected to gain easy approval.

Perhaps the best known model of interventionist food and nutrition policy is that of Norway. Comparing Australian economic conditions and food production organization with those which were considered conducive to inter-sectoral, structurally interventionist policy for better nutrition in Norway, several difficulties become apparent. Australia relies very little on imported food. In Norway nutritional objectives were harnessed to strategies designed to boost the domestic contribution to the nation's food consumption. In other words, farmers and processors would look favourably on such strategies because they not only improved nutrition but also offered greater opportunities for expanding their industries. Government support now provides half the income of Norwegian farmers.¹⁷

Australia exports more than half its food produce. The Norwegian policy presumed that commodities which were sold on the international market were too difficult to manipulate in terms of prices, even domestically, because world prices were the main determinant.¹⁸ Moreover, according to economists such as Olson and Gruen, the Australian economy is dominated by powerful special interest groups which have built up dense networks of collusive, cartelistic and lobby organizations, serving to reduce economic efficiency and dynamism.¹⁹ Sargent has described the development of the 'agribusiness octopus'; large industrial conglomerates exercising considerable control over what food is produced and for what price it is sold.²⁰ Given this situation, it is significant that the Food Industry Council of Australia, a body which represents businesses responsible for the processing and distribution of approximately 90% of all foods marketed, announced a food policy in 1983 which included the following points:

- * Each Australian has, and must always have, the right to eat or drink as he or she chooses.
- * People's dietary habits should not be controlled by regulation but may be shaped and reshaped from the process of a publicly funded comprehensive national nutritional education program.²¹

Philosophies such as these must be regarded as impediments to anything more than an educational role for Australian governments. However, it would be unnecessarily pessimistic to suggest that it was impossible to develop beyond this. Governments have been considering carefully the links between agriculture, nutrition and health.²² In Victoria a more structural approach to food policy has evolved (see below).

Food and trade policy

Whilst the specific techniques of the Norwegian model are not appropriate for Australia, it does provide some useful insights which can be used to good advantage in formulating future policies for specific Australian circumstances. For example, nutritional objectives are most successfully integrated with agricultural policy where the result involves some incentive for producers. If this is applied as a principle, opportunities can be sought which fit the local situation. For example, whilst Australia is self-sufficient in most livestock products, it imports up to 70% of fish consumed.²³ There may be a possibility of exploiting such a fact to the advantage of both nutritional and agricultural concerns. Even the networks of 'collusive, cartelistic and lobby organizations' referred to by Gruen may present useful opportunities for the improvement of both nutrition and trade if understood correctly. The extensive power of the agribusiness complexes suggests possibilities for the deliberate exploitation of market niches; lean beef promotion to Japan, for example, rather than direct confrontation with American fat beef exports. An Australian government wishing to reduce the amounts of saturated fats consumed domestically might also be able to devise a strategy which takes advantage of the growing tendency for agribusiness to control food production from field through to shelf or container ship, including the rationalization of marketing.

Australian governments have been cautious in developing an active role in food and nutrition policy, but there are signs that attitudes may be about to change. The Victorian Food and Nutrition Policy has set a precedent which other states have shown some signs of following even in these adverse times.

Victoria

People and government in Victoria

Car number plates in Victoria proclaim it to be the 'garden state' of Australia. It is the second most populous state with a little over one quarter of the national population and around one third of the manufacturing industry. The leading primary product exports are wool, dairy products, wheat and beef.

The Australian Labor Party has been in office since 1982. Few, if any, observers now expect it to survive the next election, due 1992.

The development of food and nutrition policy in Victoria

Before the early 1980s, there was in Victoria, as elsewhere in Australia, little sense of direction for public action to reduce ill-health attributable to inappropriate diet. Nutrition education was not focussed on simple messages aimed at reducing chronic disease. There was no framework within which health-based recommendations for changes in food consumption could be reconciled either with the interests of food producers or with the government's own policies bearing on food production and marketing. Public awareness and knowledge of the official dietary guidelines, as such, was low though there was an increasing awareness of their general message.

There was also a tradition of resistance on the part of producer organizations in meat and dairy industries to recommendations to reduce animal fat intake and farmers interests were well represented in the state government. The production of margarine within Victoria was effectively banned. The opportunity for change came with a change of government in March, 1982.

Immediate precursors to the Food and Nutrition Policy. It is worth considering the dynamics of the initial stages; at least 3 favourable background circumstances and a precipitating event can be identified.

The circumstances were:

- 1) the growing professional, public and political awareness of the case for changing away from an 'affluent' diet (including the adoption by the Commonwealth Health Department of Dietary Guidelines for Australians in 1979);
- 2) the interest of the new Victorian minister of health (Mr Tom Roper) in establishing an emphasis on prevention (which he had pursued even before gaining office in March, 1982); and
- 3) personal links between 2 medical academics (JP and MW) with strong interests in the dietary prevention of chronic disease and Mr Roper both before and after the 1982 elections.

The precipitating event was a conference on 'Agriculture and Human Nutrition: How close are the links?' held in Wodonga in north-east Victoria in August, 1983²⁴. This conference was organized by a regional officer of the Victorian Department of Agriculture (as it then was). It was attended and supported in its recommendation that Victoria develop a food and nutrition policy by both the Minister of Agriculture (Mr Eric Kent) and the Minister of Health (Mr Roper). A working group of officials of both departments (later to include also, a representative of the Education ministry) plus a medical academic was subsequently appointed and its report — *Making Healthy Choices Easy Choices: Towards a Food and Nutrition Policy for Victoria* — was released as a discussion document in November, 1984²⁵. This document:

- * recognized diet-related chronic disease as the major cause for concern with the Australian diet
- * endorsed the national dietary guidelines as a basis for nutrition education
- * preferred a 'healthy diet pyramid' educational model (as developed by the Australian Nutrition Foundation) to the '5 food group' model (as developed by the Commonwealth Department of Health)
- * sought means of promoting dietary change that were sensitive to the situation both of producers and consumers
- * recommended expert attention be given to means of producing and of marketing leaner meat, and
- * called for the establishment of an intersectoral Food and Nutrition Council (encompassing Health, Education, Agriculture and Consumer Affairs as well as producer and professional interests).

Partly on the initiative of the then Director of the Health Promotion Unit (HPU), a Food and Nutrition Project²⁶ was established to carry forward activity broadly consistent with that recommended in the document while the government was receiving submissions and determining its policy. The Director of the HPU was a ministerially appointed consultant and 'trouble shooter' — not a public servant — and it was on her initiative that the Project was not set up within the state public service. Instead, following a model developed for the state's 'quit smoking' program, public funds were 'outhoused' to a Steering Committee to pursue food and nutrition activities in accord with agreed terms of reference. The funds were initially administered by the Australian Nutrition Foundation, Victorian Division (a voluntary organization encompassing nutrition researchers, practitioners and expert representatives from the food industry). More recently, administration has been shifted to the Department of Human Nutrition at Deakin University.

History of the Victorian Food and Nutrition Policy. Despite the fact that the policy proposals in *Making Healthy Choices Easy Choices: Towards a Food and Nutrition Policy for Victoria* were often vague and poorly operationalized, they provoked considerable opposition from producer interests. As a result it took 2 years before state cabinet finally agreed to a policy in March 1987.

Following the publication of *Making Healthy Choices Easy Choices* in late 1984 a series of 'consultation days' were held with interested parties such as plant product producers, animal product producers, food processors, dietitians, school teachers and medical practitioners. These led to engagements with red meat producers and food processors that were particularly vigorous.

The animal products lobby objected to the lack of consultation before the policy document was produced and raised objections to the identification of 'unhealthy' foods in the discussion paper. Where the policy advocated a reduction in fat, the Victorian Farmers and Graziers Association (VF&GA) saw it as a recommendation to cut consumption of red meat.^{27, 28} The VF&GA was particularly piqued to discover that the government was already proceeding with some of the activities outlined in the document one such being the promotion of the consumption of fresh fruit and vegetables.

The Victorian Employer's Federation (VEF) expressed the concerns of the private sector regarding a policy which at this stage appeared to smack of state socialism and to be representative of bureaucracy and seconded experts.²⁹ They claimed that the policy proposals were in conflict with the government's 'deregulatory' economic policy³⁰; the modus operandi of the Project Steering Committee was unclear, the viability of trademarks and advertising was threatened; and that while the economic costs of the policy could well be considerable, the benefits had only been established in the vaguest of terms. These sentiments were later to fuel the concerted protests made by the beef industry to the Department of Agriculture and Rural Affairs (DARA). The VEF pointed out that while the document may have

represented the views of the DARA, there was no representation or involvement from the private sector in the development of these policies. The VEF complained that despite the recommendation that a Food and Nutrition Council of representatives from interested groups be established, the structure of the Council which was proposed appeared to have a predominance of government representation and an underrepresentation of producers, manufacturers, marketers and nutritional experts (by which they supposedly meant nutritional experts more acceptable to industry).

Discussion did lead to the construction of some bridges. With the meat producers a critical linkage was provided by basic researchers working on the fat composition and health effects of lean meat³¹ and by animal production researchers working on the feasibility and economics of producing and marketing leaner animals. 'Stirring the pot' with food producers and processors also served to bring some issues to the surface — whether, for example, waste carcase fat removed in boning rooms did or did not find its way back into the food chain as a component of 'manufacturing margarine'. A mystery still unsolved!

A cabinet reshuffle after the Labor government was returned in the elections of March, 1985 produced ministers with no prior commitment to the policy. The new Health Minister (David White) had a reputation as an 'economic rationalist' and as a strong administrator whose major assignment was to bring a perceived 'hospital crisis' under control. The new Minister for Agriculture and Rural Affairs (Evan Walker) turned out to be much more sensitive than his predecessor to his standing with well organized rural producer groups.

Industry lobbying with the Australian Nutrition Foundation (at a national level) was followed by the withdrawal of the State Division of the Foundation from the Steering Group and its replacement by the Institute of Human Nutrition at Deakin University, near Geelong. The Foundation, at a national level, saw the Victorian program as detrimental to its aim of achieving a 'national Food and Nutrition Policy based on cooperation between government, health professionals, educators, the food industry and consumers'.³²

As a consequence of the comments from all sources, 'Making healthy choices, easy choices' was redrafted (mostly by J.P.) and considerably expanded, especially in the area of economic concerns. From about 12 pages it grew to around 80. The document began to be circulated back and forth between the Health and Agriculture ministries, mainly at the level of ministerial advisers; the Health advisers being enthusiastic and the Agriculture advisers being critical and negotiating for change in the document. At this stage those who had been involved in the redrafting had clearly lost control of the document. The next contact made with Project staff was when it was returned with a request that a journalist condense and simplify it. This process generated a number of drafts with the assistance of a public servant in Health who was also a member of the Labor Party Health and Welfare Committee.

The decision was made to locate the policy within the Government's Social Justice Strategy statement and to use much less technical language, in some places employing terms which are unpopular with some profes-

sional nutritionists, (e.g. 'balanced diet') and to use what was considered less confronting language (e.g. 'A health-promoting diet can still include foods that are traditionally considered less healthy — occasionally eating these foods does not mean an unhealthy diet. The important thing is that people's usual food choices add up to a healthy balanced diet.'). At this stage of its development it was possible to have included material not previously in the document and to have virtually anything deleted. Some of the important influences in this phase were, an enthusiastic and persistent ministerial advisor in Health, a journalist, and a senior staff member in the Health Promotion Unit who refused to negotiate on the concept of dietary guidelines and the healthy diet pyramid (the latter serving, in the absence of quantitative dietary goals, to indicate the desired preponderance of fruit, vegetables and cereals). At the final, critical stage those discussing the document were not nutritionists or dietitians. This final committee had the title 'The Food and Nutrition Subcommittee of Cabinet and Caucus and Policy Committees for Agriculture, Health and Education'. The much revised, brief and rather general policy document was finally accepted by cabinet in March, 1987.³³

Current administrative arrangements

The central administrative proposal — the establishment of an Interdepartmental Committee on Food and Nutrition (IDC) with representation from Health, Agriculture and Rural Affairs, Education and Industry, Technology and Resources — was implemented in early 1988. Linkages between the committee, the consultative body and the implementation process are illustrated in Figure 1.

The IDC is chaired by a government backbencher and has 8 other members — 2 from Health, 2 from Agriculture and Rural Affairs, 1 from Education and 1 from Industry, Technology and Resources, plus Prof Kerin O'Dea (Deakin Institute of Human Nutrition) and Prof Mark Wahlqvist (Department of Medicine, Monash Medical School).

The Food and Nutrition Community Consultative Group has a broad composition but the same chairman as, and some cross-membership with, the IDC. Approximately 25 members come from farming, agricultural science, food technology, dietetics, nutrition, health promotion, consumer organizations, education and food processing and related areas. The two year terms of the first members of the Group have just expired and reappointments are now being made. The Health Department is designated as the 'lead government agency in the area of food and nutrition' and its Food Unit is responsible for coordinating policies and programs in the area. These include responding to draft proposals for national food standards issued by the National Food Standards Council. The Steering Committee includes representatives of the Departments of Health, Agriculture and Rural Affairs, and Education plus a representative of the Deakin Institute of Human Nutrition. It directs the activities of the Food and Nutrition Program (Deakin Institute of Human Nutrition), which is the implementation body for the Food and Nutrition Policy.

The 1987 Tobacco Act and the Victorian Health Promotion Foundation (VHPF). The resources available for

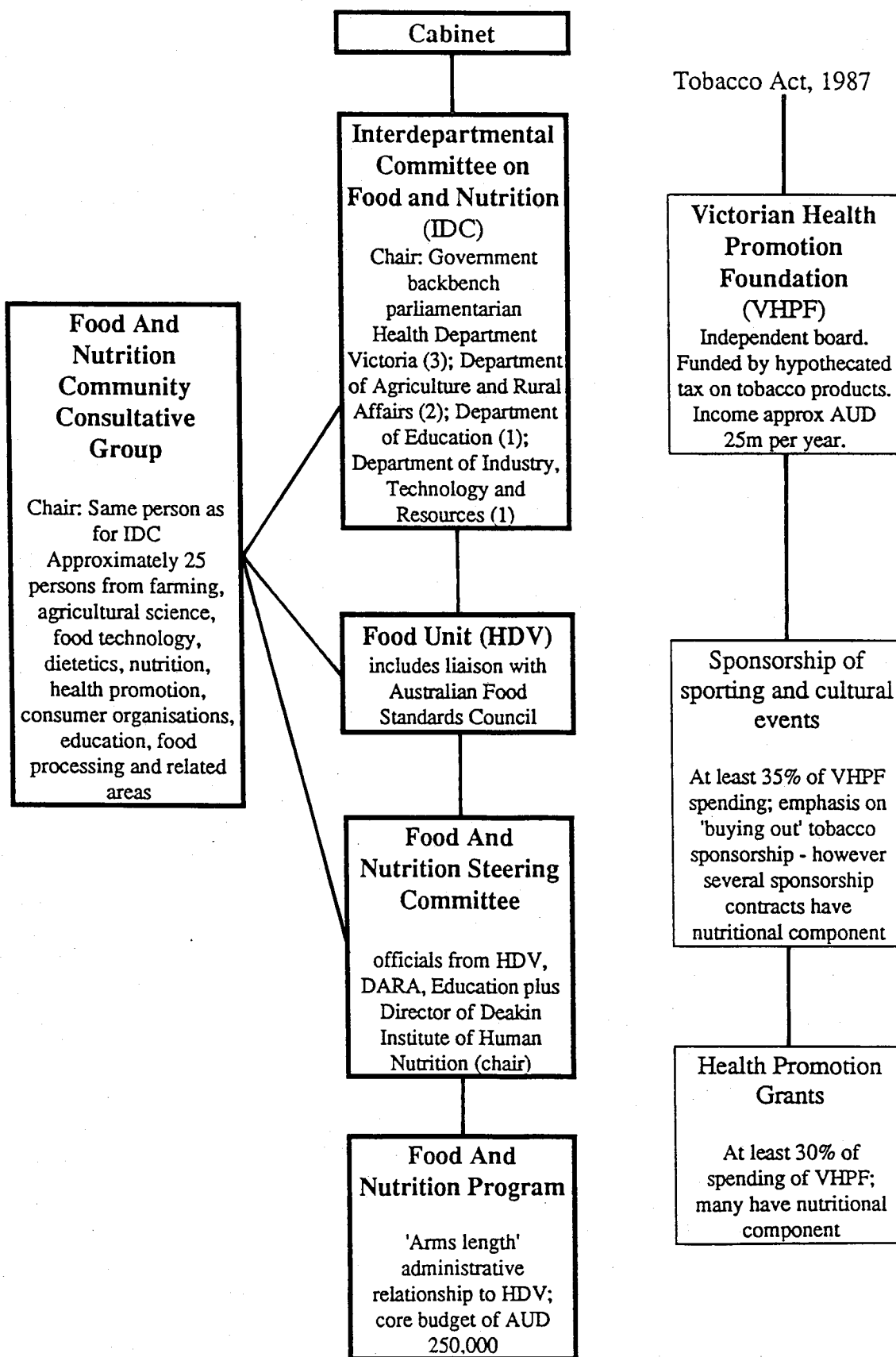


Figure 1. Victoria: Institutional linkages in the area of food and nutrition

THIS AGREEMENT IS MADE THE _____ DAY OF _____ 1989

PROJECT NO:

BETWEEN: THE VICTORIAN HEALTH PROMOTION FOUNDATION
of Suite 2,
1st Floor, 333 Drummond Street
Carlton in the said State
(hereinafter called the "Foundation")

of the first part.

AND

FOOD AND NUTRITION PROJECT
the registered office of which is situated
Department of Human Nutrition
Deakin Institute in the said state

TEAM UP WITH GOOD FOOD

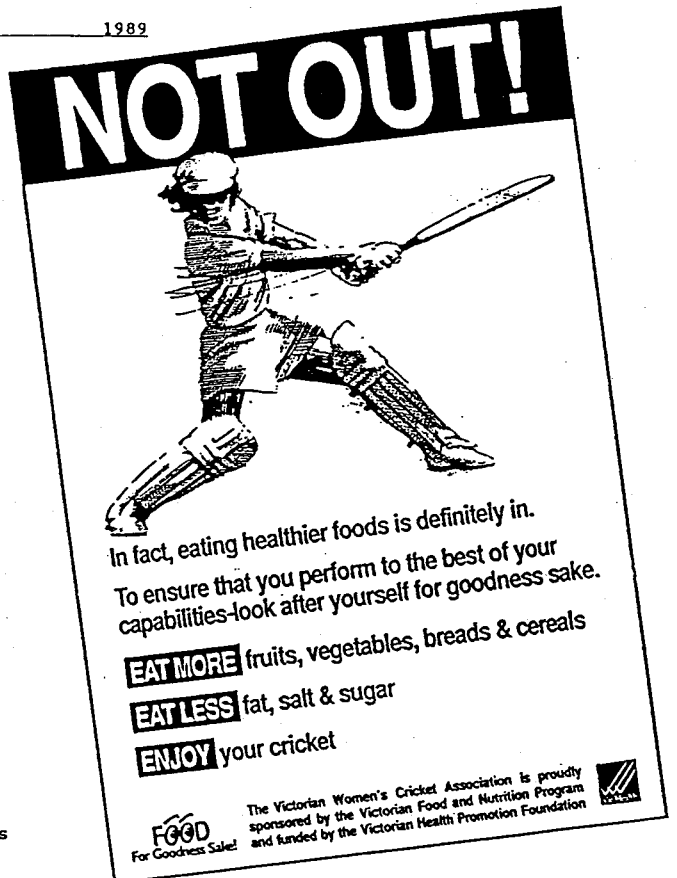
- (ii) It shall use its best endeavours to encourage and support the Sporting Body in implementing the following actions and responsibilities:
 - (a) prohibiting smoking in the offices, programs and environs of the Sporting Body;
 - (b) causing all the employees or representatives of the Sporting Body to wear clothing bearing the badges, logos and indicia of the FNP on all occasions at which sponsored events are promoted and at all sponsored events, and particularly in accordance with the



PART II:

1) Schoolgirl Championships

- The Association is to provide naming rights to FNP for the Schoolgirls Championships.



iii) Program Promotion

- FNP is to develop and supply promotional material including:

- * Stationary Stickers
- * Posters (development joint initiative)
- * Award Certificates (coaching clinics)
- * Flyers
- * 'More or Less Diet' booklet
- * Newsletter inserts
- * Commemorative Certificates (School Girl Championships)

Figure 2. Victorian Health Promotion Foundation: 'paste up' of materials illustrating sponsorship of women's cricket

health promotion activities in Victoria have been radically enlarged by the passage of an Act in November 1987 requiring that 5% of the wholesale value of tobacco products be paid directly to a trust fund for the use of an independent Health Promotion Foundation. Of its annual budget of AUD 20+m, at least 35% (currently AUD 7+m) is committed to the sponsorship of sporting and cultural events. As this has primarily been a mechanism for 'buying out' tobacco company sponsorship of these events, most of the VHPF sponsorship contracts emphasize anti-tobacco themes. Many sponsorships, ranging from the Victorian Arts Centre's Summer Music Festival to the Victorian Women's Hockey Association, do however, have a nutritional theme and a substantial proportion of these sponsorships are managed through the Food and Nutrition Program.

How does VHPF sponsorship work? For a typical sponsorship managed through the Food and Nutrition Program (FNP), 75% of the funds go directly to the body being sponsored and 25% to the FNP for managing the sponsorship. The FNP will, with the aid of an advertising agency, seek to identify and exploit opportunities for promoting awareness of healthy food selection messages and will seek to associate the idea of a healthy diet with fun, success, fitness, culture etc. The resulting sponsorship contract will specify such things as: advertising on banners, programs and associated literature, approved catering arrangements, naming rights, permissible co-sponsors and the distribution of FNP education and promotion materials. A 'paste up' of illustrative materials from women's cricket sponsorship is included as Figure 2.

Measures so far adopted by the Food and Nutrition Program

Research: tracing dietary behaviour in the target population. Notwithstanding the limited core budget, priority has been given to applied research in support of the programs. There is a full time research officer engaged in the evaluation of programs, outside consultants have been employed and, most critically of all, a survey of nutritional attitudes and dietary practices in a probability sample of the Victorian population was carried out in 1985 and will be repeated in 1990. The survey employed a newly developed self-complete mailed food frequency questionnaire and, while highly cost efficient, is proving capable of yielding not just measures of food intakes but also crude measures of nutrient consumption and their distribution across the Victorian population.^{34, 35} (The Commonwealth Scientific and Industrial Research Organization's Division of Human Nutrition in Adelaide has contributed significantly to this work.)

Education in schools and elsewhere. The most strategically important achievement here has been the systematic revision of curricular materials for Victorian schools — from 'prep' to Year 12. This was accomplished by supporting the secondment of a curriculum development officer to the appropriate section of the Education Ministry. Not least because the position was paid for by the Project, but also because of the many valuable materials produced, the Education Ministry has been pleased to cooperate and, at least until recently, to

incur its own costs by supporting the release of teachers for inservice training with the new materials. A further strategy aimed at achieving a cost-efficient 'multiplier' effect has been the production of a food and nutrition educator's manual, designed for use by persons without specialized training in nutrition, including, for example, pharmacists, agricultural extension workers, school teachers and so on.

The search for 'structural levers': 1. Mass catering. A 'Catering Improvement Program' released in 1990 has been the outcome of a sustained and particularly successful development process. This resource kit contains 2 videos (starring a popular television comedian), 2 manuals and 2 cookbooks and is aimed at food service personnel. Much of the development work has been done in conjunction with the largest commercial caterer in Victoria (over 50% of the market). The initial trial in an electronics factory canteen showed a very positive response by customers to the healthier meal options which were also heavily promoted as such in the canteen. In later developments the explicit promotion, to the canteen users, of the 'healthy' nature of the alternative meals, has been deliberately played down. The rationale: it was tending to reach mainly the already health conscious and to confirm a division between them and other canteen users. The aim now is to concentrate on the 'unobtrusive' promotion of dietary change via changes on the 'provider' side.

This program, on practical means of providing 'health-conscious' catering, has been found to fill a real gap and is already being widely taken up both by commercial caterers and large employers, public and private.

The search for 'structural levers': 2. Primary production and marketing. At a state level there has been limited progress on formal cooperation with agriculture to reduce the fat consumed with meat. However, informal discussions surrounding the development of the policy have at least served to highlight the great scope for mutually advantageous action here. Lean animals are more efficient to produce, especially under Australian conditions.³⁶ The fat content of red meat varies enormously and need not be high.³⁷ Consumers would prefer leaner meat. Retailers would rather have less fat to trim. Part of the reason for limited action in cooperation with DARA is that that ministry has been experiencing a very substantial reduction in funding and its officers accordingly have a 'survival struggle' on their hands. Practical measures that could aid the marketing of leaner meat, most importantly the introduction of carcass classification systems, have repeatedly been 'derailed' by other crises (such as the threatened loss of export markets from pesticide residues in beef fat). Despite all these difficulties the marketing environment for lean meat has been transformed over the last few years. The Australian Meat and Livestock Corporation (AMLC) is now concentrating heavily on marketing 'leanness' and is no longer evading the health issues related to fat consumption.

A major 5 year research project is now underway in the city of Geelong (50 km from Melbourne) into the feasibility and effectiveness of 'unobtrusive' (ie supply side) measures to reduce the intake of saturated fat from

Better health, better life projects:

A NATIONAL ROUND-UP

"Better health, better life will initially concentrate on five priority areas: controlling high blood pressure, better nutrition, preventable cancers, improving the health of older people and injury prevention."

In addition, the program will zero in on wider issues aimed at 'healthy public policy' and structural changes within health systems themselves.

(1) National projects



Unless otherwise indicated, these national projects will be implemented primarily by the Commonwealth.

Role of taxation in health promotion

A study of the ways in which taxes including, for example, excise and sales taxes on tobacco products, food products, etc affect the prices of healthy and unhealthy products and services and, in turn, purchasing and consumption patterns, to determine the areas in which taxation changes would have the greatest impacts on health; with a possible subsequent program to educate the public and professionals and influence decision makers on taxation issues. *Contact: Denise Swift (06) 289 8505*

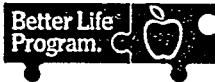
Food labelling

Pilot testing of visual and other possible mechanisms to indicate fat, sugar, salt, fibre and other nutrient levels in foods to facilitate consumer choice and to encourage the production and marketing of healthier foods. *Contact: Vicki Taylor (06) 289 7385*

(2) New South Wales projects



Better nutrition



Food industry development

Employment of a food industry executive to advise on product development and other industry strategies (to work in cooperation with existing initiatives in this area); employment of an economist to advise on product development opportunities offered, by the R & D Taxation Incentives Scheme; point-of-sale/merchandising research and development, including the development of in-store nutrition information services; and establishment of a merit award scheme for food manufacturers, retailers and restaurants. *Contact: Colin Sindall (02) 217 5863*

Promotion of fresh fruit and vegetables

A mass media campaign to promote greater consumption of fruit, vegetables and cereals, run in conjunction with the Department of Agriculture and marketing boards and utilising campaign materials supplied by Western Australia; includes mass media approaches, public relations and communication with selected target groups and decision makers. *Contact: Colin Sindall (02) 217 5863*

Consultancy for worksite catering services

A consultancy service to worksites, hospitals, government departments, Area/Regional Health Services, trade unions, etc for worksite catering services. Professional advice and materials provided to worksites in line with dietary guidelines, through presentations, seminars, education officers, etc. *Contact: Colin Sindall (02) 217 5863*

Multi-strategy nutrition intervention

A three year project, the first six-month stage being the development of baseline data and a feasibility study. *Contact: Colin Sindall (02) 217 5863*

(3) Victorian projects



Food and nutrition strategy

Implementation of major aspects of a strategy already developed for introduction of the Victorian Food and Nutrition Policy. *Contact: Del Stitz (03) 616 7777*

(4) Queensland projects



Nutrition

Workplace project

Aimed especially at the needs of lower socio-economic groups, this project fosters the development of worksites as health-promoting sites by:

1) *Health Promotion:* Facilitating coordination/communication among service providers, employers and unions; training for workplace health promoters. *Contact: Sophie Dwyer (07) 234 0367*

2) *Nutrition:* Development of a nutrition education strategy through worksites, emphasising groups with special needs and including improved food services in institutions, training programs for primary health care workers and the promotion of healthier food choices. This strategy will then be progressively introduced through the State. *Contact: Marie Sardie (07) 234 1164*

Aboriginal community nutrition

Education and training for Aboriginal community nutrition workers in north Queensland on nutrition, community and personal development skills, and disease, exercise, food and alcohol education. This project is based on information on nutritional patterns throughout the State. *Contact: Hedley Peach (077) 21 2281*

(5) South Australian projects

Better nutrition



Community development of better nutrition in lower socio-economic communities

An expansion of the Elizabeth Food and Health project that aims to improve children's access to nutritious diets, by extending appropriate strategies developed at Elizabeth into the Angle Park area and by developing a major community nutrition program for the parents of young children. *Contact: Cymbia Spur (08) 243 5611*

Elizabeth food and health project

The project addresses the relationship between low income and nutrition and targets low income children and families in the Elizabeth Local Government Area. The aim is to increase community awareness of diet and health, to improve children's access to a healthy diet and community access to cheaper nutritious food. *Contact: Barbara Smith (08) 255 2744*

Nunga nutrition

A nutrition education project targeted at Aboriginal women in northern suburbs of Adelaide. The project involves cooking demonstrations, nutrition information and education and will explore the cultural and environmental issues which affect nutritional status. *Contact: Catherine Carroll (08) 223 5011*

Fruit and vegetables with every meal

A health promotion program to encourage people to eat more fruit and vegetables in their normal diet, and strategies to assist them in doing this. *Contact: Marlon Blake (08) 267 4088*

(7) Australian Capital Territory projects

Marketing of healthier take away food

A project in cooperation with ACT take away food outlets to promote concepts that fast or take away food is not necessarily synonymous with junk food, to educate consumers on healthy food options, to improve the availability of and demand for these options, and to encourage and facilitate effective marketing of healthier take away foods. *Contact: Jill Davis (06) 245 4537*

red meat. The AMLC and local meat suppliers and supermarkets are cooperating in this study.³⁸

The search for 'structural levers': 3. Cooperation with retailers. Little has been achieved here, mainly because resources have not permitted. Retailers have indicated their willingness, however, to cooperate in in-store nutritional promotions so this item 'remains on the agenda'.

The search for 'structural levers': 4. The medical sector. Achievements here have also been modest, again partly because limited resources have not been committed. There has been some involvement of hospitals and other residential institutions in the catering improvement program and hospital dietetic and health promotion units have been able to make good use of better educational materials. Primary medical care remains largely 'untapped' with a widespread uncertainty about the role of general practitioners in the promotion of dietary change — especially among those without established disease.

The search for 'structural levers': 5. Community development. The Project initially made small grants, totally around \$ 60 000 per year to support nutrition programs run by community groups. There was a systematic attempt to document these, so that they could be evaluated and so that others could build on their experience. Since 1988 the Health Promotion Foundation has been able to provide health promotion grants for programs of this kind — for example, among low income single mothers.³⁹

Survival in hard times

Survival in the face of initial organized opposition and at a time of increasing 'government cutbacks' is perhaps an achievement in itself. To have received early support and impetus from a ministerial 'consultant' (particularly at a time of organizational upheaval in the Health Department), to have an earmarked core budget (even if initially only \$ 250 000), to be notionally independent of the public service and to have had as chairpersons of the Steering Committee, two successive holders of the chair of Human Nutrition at Deakin University are all things that are likely to have helped. So too has the establishment of formal and informal networks across several government departments and the educational sector. And finally, at a time of public sector financial squeeze there has been the highly fortuitous flow of funds from the Victorian Health Promotion Foundation.

Evaluation

Survival is not proof of effect. Although component programs have been evaluated, their contribution to the overall trends in dietary practices in Victoria cannot be established, much less their contribution to trends in final health outcomes.

In multicultural Australia, food and nutrition policies are operating in a dietary environment that is diverse and evolving. Foreign-born Australians tend to have lower chronic disease mortality rates than do the native-born: in the case of groups such as those from southern Europe, the advantage can be major.⁴⁰ Upper socio-economic

groups are clearly changing their diets in directions favourable to health. Coronary mortality has fallen to half its peak value (which occurred in the late 1960s) and adult all-cause mortality rates have been falling more rapidly over the last 2 decades than at any other time since the establishment of vital registration around the 1870s.

On equity grounds food and nutrition policies and programs should be seeking to reach those at risk of being left behind in chronic disease prevention — Australian-born citizens of lower socio-economic status. While there is little direct evidence of effect in this arena, the Policy and the Program have supported the development of the kinds of 'structural' programs most likely to benefit these groups. These approaches have been further taken up in the national Better Health; Better Life Program (see Figure 3).

Governmental commitment to a Food and Nutrition Policy has also made of Victoria the chief bulwark against indiscriminant de-regulation of national food standards. Because health is constitutionally a state responsibility, national uniformity in food regulations (which is highly desirable for the food industry) can only be achieved with the cooperation of all states. Thus movement in any direction is at the pace of the slowest ship. After a number of reports pressing for food standards de-regulation^{41, 42} and the removal of the national food standards committee from the health ministry to the Ministry of Consumer Affairs, the stage was set in 1989 for a strong de-regulatory push from the Industries Assistance Commission (IAC)⁴³ under the federal Treasurer (clearly the most powerful person in the federal government after the prime minister). There were strong pressures within the Victorian government to implement the IAC report in full. This was, however, successfully resisted as inconsistent with the government's food and nutrition policy. The proposals were considered one by one on the basis of criteria derived from the Victorian policy. Some — such as the proposal to remove restrictions on the use of comparators such as 'low', 'reduced' and 'imitation' — were successfully resisted.

Conclusion

From an Australia-wide perspective the achievements of the Victorian Food and Nutrition Policy are very encouraging. Not only has the Victorian government shown itself willing to sponsor health promotion programmes of considerable sophistication but it has also been prepared to support food and nutrition policy objectives against competing policy priorities. At the same time the history of the policy's evolution reveals many of the complexities of the contemporary Australian political system.

All federal systems establish spheres of jurisdiction and State/Federal divisions of power obviously constrained the Victorian government's options in its search for structural levers. Many of the most powerful economic tools are Federal responsibilities; customs and excise, sales tax schedules, income tax, are determined at national level. With an increasing tendency for both agricultural production and food retailing to be organized at a national level the scope for state-level action is considerably reduced.

A federal structure also complicates the operation of interest group activity. This was manifested clearly in the withdrawal of the Victorian division of the Australian Nutrition Foundation from the Steering Group of the Victorian Food and Nutrition Policy after industry lobbying at national level. Local priorities were not as important as the need to maintain harmony amongst participants in discussions about a national food and nutrition policy.

Development of the policy in Victoria also reveals the reluctance of Australian food producers to endorse food and nutrition initiatives giving the impression at times of a general attitude of distrust and opposition. The entrenched political influence of such interests makes this a crucial determinant of progress towards nutrition goals in Australia. It also implies a reliance on influential political sponsors and committed lobbyists to maintain a place for nutrition on the political agenda. These ingredients are not always available.

It is perhaps too soon to conclude anything. But it has proved possible by sustained political involvement and opportunism (in a favourable sense) to increase the coherence of public consideration of food and nutrition issues in Victoria. There, is at the very least, a new and clear sense of direction for nutrition activities in the state — supported by increased resources and professional training. This new sense of direction towards chronic disease prevention has been reinforced nationally by the relatively strong recommendations of the Commonwealth Better Health Commission, the follow-on Health Goals and Targets Committee of the Australian Health Ministers' Conference and has emerged in the programmatic details of the 'Better Health; Better Life' program.

What, then, are the broader lessons of the Victorian experience? Perhaps that the development of personal networks within and without the public sector plus the securing of strong political sponsorship have been sufficient thus far to overcome the influence of special interests and of increasingly adverse financial and ideological contexts. The largely unrelated advent of the tobacco-tax funded Victorian Health Promotional Foundation has also provided a source of material support that is largely immune to the vagaries of the state budgetary process.

Acknowledgement

The section on the history of the Victorian policy draws directly from Crotty PA: *The development and implementation of a food and nutrition policy in Victoria, 1981 to 1986* [unpub]. Waurn Ponds: Section of Human Nutrition, Deakin University, 1987 however responsibility for this text rests as usual with the authors.

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Abstract

Only 6% of Australia's workforce is engaged in agriculture but the country produces enough food for around 35 million people - more than half of them purchasers of exports. The federal political system includes 6 states and 2 territories, with states having responsibility for many aspects of health and agricultural policy. During the 1950s and 1960s Australia experienced a marked rise in ischaemic heart disease and death rates in middle aged men rose. With the onset of the economic slowdown in the 1970s, governments also looked to preventive measures to contain health service costs. In 1979 the Commonwealth Department of Health adopted 8 non-quantitative dietary guidelines and in 1986 a national Better Health Commission recommended a co-ordinated programme to change dietary habits. Developments in Victoria were stimulated by a conference on 'Agriculture and human nutrition' in 1983. Following this a report 'Making healthy choices easy choices: towards a food and nutrition policy for Victoria' was released in November 1984 and the state government began a Food and Nutrition Project to stimulate inter-sectoral activity to promote lower risk eating patterns. In March 1987 the Victorian government formally adopted a food and nutrition policy and established an Interdepartmental Committee on Food and Nutrition with representation for Health, Agriculture and Rural Affairs, Education and Industry, Technology and Resources and a Food and Nutrition Community Consultative Group. Increasing financial stringency in the late 1980s was fortuitously offset by the availability of funds from the Victorian Health Promotional Foundation, funded by a 10% surtax on tobacco.

Editors' Footnote

In 1992, Australia is moving towards a National Food and Nutrition Policy (NFNP). A Steering Committee under the Chairmanship of Professor Paul J Nestel, Chief of the Commonwealth Scientific and Research Industrial Organisation's Division of Human Nutrition and with a widely respected multisectoral membership is convening meetings and engaging in consultations across the country. In early 1992, it had a draft policy out for public comment. It could be argued that the scene for this development has been set by what has happened in Victoria, one of the Australian six states and two territories, and that the national process is the better for it. Australian governments will change from time to time, but it now seems this kind of collaborative policy development is likely to continue, especially where it draws on institutions like universities, hospitals, institutions and industries, which themselves have longer term rather than the shorter term political goals. Thus in Australia the opportunities for future cooperation are favourable.

The development of food and nutrition policy in Australia, with special attention to the State of Victoria

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僅6%的澳大利亞勞力從事農業，但農副產品足夠供給3500萬人的食物，其中一半以上為外國消費者購買。聯邦行政系統包括六個州和二個特別行政區。每個州各自負責很多健康和農業方面的政策。在1950年和1960年期間，澳大利亞曾出現缺血性心臟病，發病率明顯升高和中年男性死亡率增加。在經濟開始衰退的1970年，政府也注意到包括健康服務經費在內的預防措施。1979年，聯邦衛生部採用八個非定量的飲食指南。1986年，一個國立“改善健康委員會”推荐一份同樣計劃去改變飲食習慣。1983年，一個“農業和人體營養”會議促進維多利亞州的發展，跟隨著一份“簡而易行的健康選擇：關於維多利亞食物和營養策略”的報告在84年11月份脫胎而出。州政府開始一個食物和營養計劃來促進單位與單位之間的溝通，以增加低危險飲食模式。1987年3月，維多利亞州政府正式採用食物和營養策略，並成立一個由健康；農業和農村事務、教育和工業、技術和資源以及食物和營養社區諮詢組及代表參加的“食物和營養內務委員會”。由于維多利亞健康增進基金會獲得10%的煙草附加稅，從而抵銷了1980年後期的財政緊縮。