



Victorian Healthcare Association

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'You are what you eat'

The Victorian Healthcare Association Submission on:

Consultation paper: Proposed changes to the Food Act

Governments have a central role, in co-operation with other stakeholders, to create an environment that empowers and encourages individuals, families and communities to make positive, life-enhancing decisions on healthy diet – Global Strategy on Diet, Physical Activity and Health (World Health Organisation, 2007).

The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. Our members are public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes the interests of its members.

This submission remains the position of the VHA and does not supersede any submission or position stated by any member agency. Please find attached with this submission, the *VHA Tackling Obesity: Healthy Food Labelling in Victoria's Health Services* position statement.

Proposed Changes to the Food Act

The Victorian Healthcare Association welcomes the opportunity to respond to the '*Consultation paper: Proposed changes to the Food Act*'.

The VHA supports the proposals outlined in the consultation paper and supports a comprehensive Victorian policy that ensures food is safe, secure, healthy, affordable, available and accessible. However, the implementation of such policies will require engagement across many sectors to ensure comprehensive food systems in Victoria are achieved.

The VHA supports policies that increase the safety and maximise the nutritional value of foods. In addition, the VHA highlights the importance of food in relation to health outcomes. Under-nutrition, obesity, dental caries and related health outcomes place significant social and economic burden both individually and on the broader community.

Economic costs of obesity

Devine (08) reports that Australia is one of the 'fattest' nations with childhood obesity in Australia rivalling the high levels in the US and exceeding that of the UK. The combination of obesity, poor nutrition and a sedentary lifestyle accounts for 10% of the burden of disease in Australia (Devine, 2008). Over the past decade, Australia's health expenditure has grown by approximately 70 per cent in real terms according to Productivity Commission Chairman Gary Banks (Banks, 2008). This growth is being driven strongly by Australia's high rates of chronic, preventable disease.



Figure 1: Increasing obesity prevalence (Swinburn, Egger and Raza, 1999)

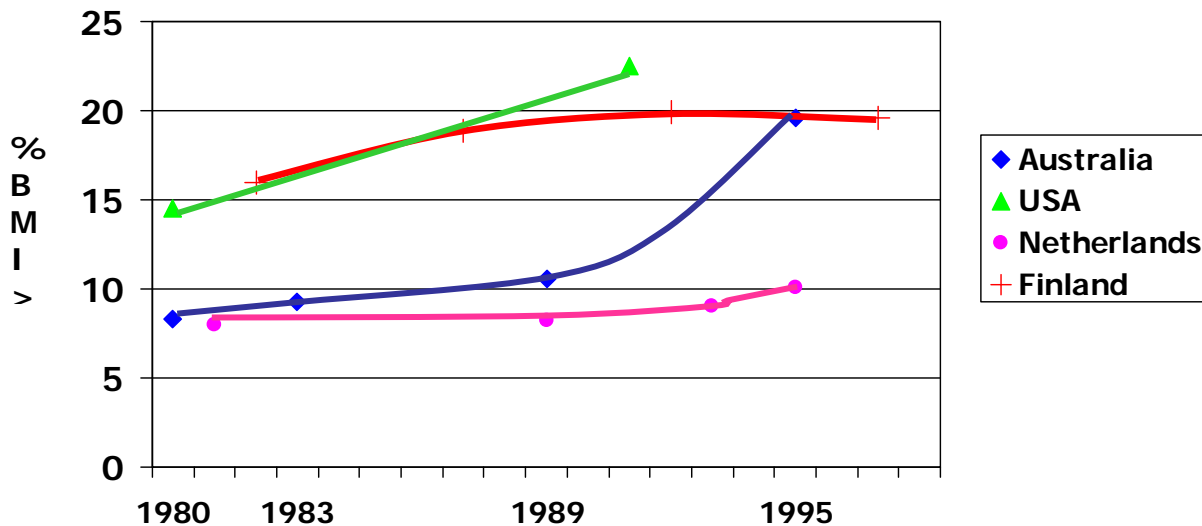


Figure 1 shows the rising rates of obesity in Australia compared to the USA, Netherlands and Finland between 1980 and 1995. The steep rise in obesity rates in Australia compared to other nations, shown by this graph is a disturbing trend.

Australian estimates suggest that increasing levels of fruit and vegetable consumption by just one serve per day would save between \$8.6 million and \$24.4 million in health care costs associated with breast, colorectal, prostate and lung cancer in Australia (Devine, 2008). The VHA are optimistic regarding governmental action to address obesity with the Federal Government looking to see prevention to be 'moved from the margins' (Australian Labor Party, 2007) and the Victorian Premier prioritising drastic action to tackle chronic diseases.

The recent '*Growing Cost of Obesity in 2008: Three Years On*' report by Access Economics, commissioned by Diabetes Australia shows that the total cost of obesity includes \$8.3 billion in financial costs and \$49.9 billion in the value of lost wellbeing (Access Economics, 2008). This accounts for years of healthy life lost through disability and/or premature death. Research by Egger and Swinburn (1997) suggests that 'the driving force for the increasing prevalence of obesity in populations is the increasingly obesogenic environment'.

The VHA highlights the following factors as key components of these obesogenic environments which must be considered when shaping food policy:

- 1) Access to healthy food and food insecurity
- 2) The role of the health system
- 3) Cost of healthy food
- 4) Advertising of unhealthy food
- 5) The contents of vending machines
- 6) Labelling of nutritional information
- 7) The role of physical activity
- 8) Ensuring healthy public policy



1. Access to healthy food and food insecurity

Food choices are often determined by what is accessible, available and affordable for families and individuals. A recent article published in the Herald Sun (Hale and Naug, 2008) demonstrates that there is a larger proportion of cheap, convenient, high-fat food outlets in some areas with some suburbs labelled 'healthy food deserts'. This research provides opportunity for the Victorian Government to pursue equal access to healthy food. The VHA believe the development of 'Healthy Canteens' in schools provide a worthwhile and pertinent example of how access to and increased availability of healthy foods can shape behaviours and result in potentially healthier populations. Further initiatives to address the inequities evident across Victorian are required.

Food insecurity is defined as irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources. This is shaped by income growth, climate change, high energy prices, globalization, and urbanization as transforming food consumption, production and markets (von Braun, 2007).

It has been hypothesised that fast food and other outlets which sell energy dense, high fat foods at low prices might be more prevalent in deprived areas (Swinburn, et al., 2007). Similarly, research conducted by Macdonald, Cummins and Macintyre revealed an association between neighbourhood deprivation and presence of fast-food chain restaurants (Macdonald, Cummins and Macintyre, 2007).

The determinants of health that lie outside the traditional food or health sector must be considered in this sphere to ensuring equitable access to healthy, nutritious food.

2. The role of the health system

'The most basic requirement, which affects all the patients and staff of the hospital, is that the physical environment should not damage their health' (Hancock, 2001).

The VHA encourages the widespread availability of healthy eating options in the public health service system. The *VHA Tackling Obesity: Healthy Food Labelling in Victoria's Health Services* position statement calls on the Victorian Government to introduce a simple colour-coded nutritional guide for all food and drinks sold at public hospital and health service cafeterias and vending machines.

Victoria lags behind other states such as Western Australia, Queensland and New South Wales which have in place a 'traffic light' system of food labelling to make it easy for consumers to identify healthy food and beverage options. The VHA report attached to this submission identifies obesity as a major cause of preventable diseases such as diabetes, cardiovascular disease and some cancers.

Health facilities are ideally placed to model healthy lifestyles to the broader community, including dietary behaviour. Food marketing plays a large role in encouraging a healthy lifestyle, particularly in regards to ready-to-eat food that is purchased in the hospital environment. As institutions responsible for the health outcomes of patients, the VHA believes hospitals should be prime stakeholders in promoting good health to prevent a myriad of diseases caused by poor nutrition. Chronic disease continues to have a disproportionately high influence on the health of Victorians and the VHA feels it is necessary to create environments that promote and positively influence good health outcomes.

The table below outlines the VHA recommendations within the *VHA Tackling Obesity: Healthy Food Labelling in Victoria's Health Services* position statement. These can be viewed in more detail in the attached document.



Recommendations: A ten point plan of action

1. DHS monitors the nutritional content of available food and drink options and introduces a colour-coded healthy choices labelling system based on quantitative methodology;
2. That this simple, colour-coded system is established by government and implemented in health services to enable patients, visitors and staff to quickly identify healthier snacks and beverages;
3. Hospitals ensure healthy food options are widely available in cafeteria and vending machines;
4. Ongoing training of health professionals, including dietitians, practice nurses and general practitioners (GPs) on the principles and benefits of a healthy diet and exercise patterns;
5. Pricing strategies are developed to make healthy food choices more economically attractive;
6. Hospitals adopt a 'whole hospital approach' to nutrition, based on health promoting hospital frameworks to improve general health outcomes;
7. DHS consult with the health and nutritional sectors to determine how to use vending machines as an avenue for reinforcing positive messages about nutrition and healthy eating;
8. DHS consider investigating the impact of vending machine policies in New South Wales (NSW), Queensland (QLD) and Western Australia (WA) and any interim outcomes that may be significant;
9. DHS and stakeholders deliver an approach that maintains profits for hospitals and vending companies but does not put short-term profit before the health of staff and visitors.
10. VHA believes DHS should hold a state-wide health-promoting health services forum as part of a 'whole of government' approach to the health needs of the Victorian community.

3. Cost of healthy food

Healthier foods **do** cost more. Research from Professor Adam Drewnowski demonstrates that sugar is the cheapest food available and is 10,000% cheaper than a healthy alternative such as raspberries (Drewnowski, 2004, Drewnowski and Specter, 2004). Drewnowski elaborates that the most expensive ingredient in food is water which makes fresh foods like fruit, vegetables and meat the most expensive to produce. This trend will worsen as the water shortage continues. There is a role for governments to ensure the entire population has viable access to healthy choices with access meaning both the proximity to a supply and capacity to purchase.

It is, unfortunately, cheap to become obese. With the cost of living increasing, people on low incomes have limited choice. Providing a living-wage that takes into account the real and current cost of living for health requires supportive economic and social policy that is regularly updated and is based on the costs of health needs including adequate nutritious food (Morris and Deeming, 2004). There is now well established statistical data confirming that people with higher education and incomes have better diets than those with low levels of education and income.

Simply advising people to eat less fat will not bring about sufficient behavioural change for population health gain (Baum, 2003). To reverse this trend the VHA believe profound change needs to occur at political, economic, and societal levels. Attempting to reduce population levels of obesity by seeking to change individual behaviour will not address population wide issues if the social and economic determinants are not also addressed.

4. Advertising of unhealthy food

The VHA believes the best intervention for reducing population obesity and its associated illnesses is prevention and early intervention. However, the pervasive nature of food marketing and product placement within society should not be underestimated, nor should it undermine the ideal of good health. Ansari et al (2003) believe the most effective changes in health status and health outcomes are achieved through changes to the social determinants



Victorian Healthcare Association

of health through legislation. A key to improving the health of the population lies in modifying the environment in which social interactions occur.

Food advertisers invest heavily in researching what prompts certain groups of people to buy particular food items, and subsequently use this information to advertise in ways likely to appeal to consumers (Tansey, Worsley and Rogers, 1995). The content directed at children is of particular concern for determining food habits and early life health outcomes. The Australian Communications and Media Authority has released its draft Children's Television Standards in which recommendations highlight preventing the use of celebrities to market junk food and restricting the use of toys as sales incentives. However, it has decided not to impose further restrictions on advertising during children's television hours. The Queensland and South Australian governments have released discussion papers on whether there should be restrictions on junk food advertising to children. The VHA believe Victoria should follow suit.

The VHA support effective government regulation to protect children from the adverse effects of food advertising and marketing. The international code on marketing to children has been prepared by Consumers International in conjunction with the International Obesity Taskforce (IOTF) and backed by International Association for the Study of Obesity (Palmer, 2008). The code restricts marketing of junk food and soft drinks to anyone under 16, but would allow the promotion of foods that have a 'healthy' nutritional profile. The VHA recommend consideration of these strategies. Internationally, Sweden and Norway do not allow advertising of any kind to children under 12 as part of their standard controls on commercial television (Bandyopadhyay, Kindra and Sharp, 2001).

5. The contents of vending machines

The VHA are pleased that the DHS has identified vending machines within the Consultation Paper.

Vending machine snacks are a prime example of convenience foods that are pervasive in community settings such as hospitals and health services. Not only are vending machines widespread, the food choices are largely high in fat and sugar. Hospitals and health services are an important setting for health promotion due to the levels of credibility and trust the community places in their health services and health professionals. They have the capacity to effect people's knowledge, attitudes, beliefs and behaviours (Duhl and Hancock, 1997, French, 1997). Limiting unhealthy choices within public settings could be a key aspect in the effort to prevent obesity and its co-morbidities.

6. Labelling of nutritional information

Many people feel overwhelmed by the choices available to them and even anxious about what a healthy diet is (Robinson and Booth, 2004). The VHA believes the nutritional content of snacks and beverages must be evaluated and colour-coded based on a quantitative methodology. The 'traffic light' system as endorsed by Zimmet and James (2006) has merit in simplifying food labels and enables the population to quickly identify healthier snacks and beverages from the less healthy options.

The VHA believes this system of food labelling needs to be mandatory within hospital settings and any introduction of a new system needs to be overseen by government.

Pricing strategies are a potentially effective way of changing consumer behaviour (French, 1997, French, 2003). The VHA believes offering cheaper green and amber foods (see table below) will contribute to increased purchases. With the Federal Government aiming to reposition the health system towards prevention, Victoria has an opportunity to show



leadership in the fight against chronic disease and obesity. Nutrition is a major modifiable determinant of chronic disease. Pricing and social marketing strategies have the potential to improve dietary behaviours, thus addressing Victoria’s increasing burden of disease.

Traffic Light System: <i>Already introduced in Western Australia, Queensland and New South Wales, it allows consumers to easily select a healthy food or drink option.</i>	
Red	Foods and drinks are energy dense and nutrient poor and are high in saturated fat, sugar or salt. They can contribute to excess energy intake if consumed in large amounts or too frequently. They should be consumed occasionally only and should be limited to no more than 10-20% of food and drinks for sale in health service outlets.
Amber	Foods and drinks have some nutritional value, contain moderate levels of saturated fat, added sugar or salt and should be eaten in moderation. It is important to avoid large serve sizes.
Green	Foods and drinks can be eaten daily and at every meal. These are important sources of nutrients and are low in saturated fat, added sugar and salt. A green label actively promotes and encourages consumption of healthy options. These products should be displayed in prominent areas and are always available.

7. The role of physical activity

Equally important to health and wellbeing is the role of physical activity in energy balance and weight maintenance (Robinson and Booth, 2004). The VHA recommend the continual evaluation and investment in *Go for your life* and also in local programmes through community health centres.

We recognise the value of the *Go for your life* project, the potential of the *WorkHealth* initiative and the range of programmes delivered through community settings, but also argue that the physical environment has fundamental but often neglected links to obesity (Swinburn, et al., 1999). The VHA encourage policy which enables the ‘healthy choice to be the easy choice’ through Neighbourhood and Community Renewal strategies and improved planning processes and guidelines.

8. Ensuring healthy public policy

The VHA are supportive of the Victorian Government’s policies which seek to improve social outcomes for all Victorians through policy, including *A Fairer Victoria*, *Growing Victoria Together* and the strategies outlined in *Challenges in Addressing Disadvantage in Victoria*. The VHA argues that policy coherence across and within governments is crucial – this means that different governmental departments’ policies should complement rather than contradict each other in relation to health and health equity, as outlined in the World Health Organization Commission on Social Determinants of Health - Final Report.

For example, trade policy that actively encourages the production, trade, and consumption of foods high in fats and sugars to the detriment of fruit and vegetable production is contradictory to health policy, which recommends relatively little consumption of high-fat, high-sugar foods and increased consumption of fruit and vegetables (Schäfer Elinder and Jansson, 2008).

Commentary

Investment in public health nutrition has the potential to reduce the economic and social costs of diet-related illness (Robinson and Booth, 2004). The VHA recognise that altering the



Victorian Healthcare Association

current obesity epidemic is not only about individual behaviour change and treatment planning. Most gains will come from substantial changes to the food industry and a review of economic policy across governments. To ensure healthy eating is an affordable, accessible and realistic option for everybody, obesity reduction strategies must include large scale preventative initiatives incorporating both government action and industry reform.

Advocacy activity should include ensuring that there is investment in strategic prevention in areas such as agriculture, economics and food industry regulation policy. This is a prime example of the importance of a 'Health in All Policies' approach, where the whole of government are responsible for addressing health concerns.

There are currently several major impediments to a health promoting environment in Victoria's public health facilities. First, there is the widespread availability of unhealthy choices; second, the shortage of healthy alternatives and third, the lack of a simple food labelling system to encourage healthy choices. Victoria lags behind other states in implementing such a system. It is clear that the reorientation of health services towards prevention should not make unhealthy food the easy choice.

Supportive environments that help people make healthy and informed choices are important in promoting good nutrition (Hancock, 1999, Zimmet and James, 2006). Furthermore, nutritional labels on food packaging provide important information to consumers at the point of sale and therefore have a vital role to play in promoting healthy food choices and improving diet (Mhurchu and Gorton, 2007). However, nutritional labels are not useful if not presented in a way readily understood by consumers.

Duckett (Duckett, 2004) believes that food labelling laws may become a much more significant part of the public health debate. Hospitals and health facilities are significant community institutions whose core focus is *health*. The VHA believes health services must focus on creating physical and social environments that are good for the health of their patients and staff, while being organizationally effective and environmentally responsible corporate citizens (Hancock, 1999). Doing this requires legislative support and funding assistance of government. High quality health outcomes and service delivery are key issues that affect the staff, patients and visitors of all hospitals. Introducing a traffic light system of food labelling to help consumers make healthy choices exists already in other states such as Queensland, New South Wales and Western Australia — has the potential to improve the public health outcomes of a significant number of Victorians, tackle obesity head on and provide for other industries to replicate.

Conclusion

The VHA supports the proposals outlined in the consultation paper and support a comprehensive Victorian policy to ensure food is safe and appropriate, whilst also being secure, healthy, affordable, available and accessible. However, the VHA reiterate that this process will require engagement across many sectors to ensure a comprehensive food system in Victoria, and should be cognisant of the issues raised in this submission.

The VHA emphasises that the obesity epidemic is not merely a product of poor individual choices, but is influenced by a person's social, physical and economic environment. The VHA supports the policy recommendations made by the Obesity Policy Coalition which can be found at <http://www.opc.org.au> and the strategies outlined in the *VicHealth Healthy Eating – Food Security Investment Plan 2005 – 2010* available on the VicHealth website.

We welcome the opportunity to provide further information to the Department of Human Services and to represent the public healthcare sector.



Victorian Healthcare Association

Please contact Research and Policy Officer Matt Cameron, matthew.cameron@vha.org.au for clarification or assistance on any of the points made in this response.

Yours sincerely

A handwritten signature in black ink, appearing to be 'T Carr', with a long horizontal flourish extending to the right.

Trevor Carr
Chief Executive



Victorian Healthcare Association

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Victorian Healthcare Association

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