



Towards a Decadal Plan for Australian Nutrition Science

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6,400 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback to the Australian Academy of Science and the National Committee for Nutrition on the Decadal Plan for Australian Nutrition Science.

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DAA interest in this consultation

The Dietitians Association of Australia (DAA) is the peak professional body for dietitians in Australia. DAA manages the Accredited Practising Dietitian (APD) program, which is the credentialing program for dietitians, recognising professionals with qualifications and skills to provide expert nutrition and dietary advice in a safe and evidence-based way. The APD program provides an assurance to the public of safety and quality.

DAA supports a decadal plan for nutrition science in Australia with the view of enabling science to deliver the greatest benefit to society. Whilst many significant gains have been made over the years in our nutrition science knowledge and translation of that knowledge, DAA supports the need to scope out gaps and opportunities to further advance nutrition science across the disciplines and prioritise the most important challenges that require scientific solutions.

Response to consultation - key topics that should be addressed in a 10 year plan.

Nutrition research: DAA is concerned that nutrition research has lagged behind other national health priority areas and it needs significant investment. In order to address the unacceptable rates of chronic disease caused by poor nutrition in Australia, significant investment in nutrition science, including improved funding allocated to high calibre nutrition researchers in Australia, is required.

DAA supports increased investment in nutrition research, with the following areas of focus as priority:

- **Research on the economic, health & social costs of poor nutrition to the Australian economy.** In terms of obesity alone, the total annual cost of obesity to Australia in 2008, including health system costs, loss of productivity costs and carers' costs, was estimated to be around \$58 billion¹. Disease related malnutrition is another significant health problem in Australia, with a prevalence of 20-50% in the acute care setting, 40-70% in residential aged care and 10-30% in the community². Studies have demonstrated that malnutrition can increase the costs of care (length of stay, complications), mortality and negatively impact quality of life². Policies that lead to wider adoption of screening, assessment and treatment of malnutrition across the continuum of care are important to improve patient related and health economic outcomes. Demonstrating the strain being placed on our healthcare budgets by nutrition-related disease is needed to convince the Australian Government to take action on obesity, other chronic diseases and

malnutrition via greater investment in nutrition research, public education campaigns, nutrition education & training etc.

- **Update on the evidence base for the Australian Dietary Guidelines.** DAA recommends the commencement of planning for a review of the NHMRC Australian Dietary Guidelines (2013), to update the evidence base with contemporary research.
- **Support for a National Nutrition Policy.** DAA is calling for the development and implementation of a National Nutrition Policy to address a spectrum of nutrition issues in Australia, including overweight/obesity and malnutrition. Such a policy/framework would draw together current activities in food and nutrition, such as the Australian Dietary Guidelines and the Health Star Rating, support Australian agriculture and the consumption of Australian grown food, support food and nutrition monitoring and surveillance, and provide a platform to coherently address nutrition as a risk factor for chronic disease and malnutrition. Research to support the development of a National Nutrition Policy would strengthen the case and help convince the Australian Government to take action.
- **Research to support sustainable public nutrition education programs.** Sustainable public nutrition education programs, when used as part of a comprehensive approach, can be effective in improving nutritional literacy, changing eating attitudes and behaviours and ultimately reducing rates of obesity and other chronic disease. Demonstrating the most effective public nutrition education programs (through research) will help guide evidence-based decision making for public health policies & programmes in Australia and provide greater support for Government investment in public nutrition education programs on a local, national or demographic level.
- **Demonstrate value of increased access to APDs for chronic disease.** The small number of allied health consultations currently allowed under the Medicare Chronic Disease Management (CDM) items (5 per annum) poses a barrier to changes in lifestyle management of many chronic diseases. Better outcomes for Australians with chronic disease and complex healthcare needs could be achieved by better overall access to allied health practitioners, including Accredited Practising Dietitians (APDs), to support self-management under the Medicare CDM items. An evaluation of the Diabetes Care Project³ demonstrated that the limit of five allied health services is not adequate to meet the needs of people. Greater investment in allied health resulted in better outcomes measured by HbA_{1c}, systolic blood pressure, total cholesterol, LDL cholesterol, waist

circumference and depression. DAA supports further research to demonstrate the value of increased access to APDs (up to 10 visits per annum) under the Medicare CDM items.

- **National dietary data collection for early childhood.** Whilst the National Nutrition Survey collects dietary information on Australians aged 2+, there is no national dietary data collection for early childhood (under 2 years). Spence et al⁴ provides the best available Australian evidence comparing diets of children under 2 years to Dietary Guidelines, showing a high prevalence of intakes not meeting dietary guidelines from as early as 9 and 18 months of age. DAA supports further research to better understand the dietary habits of Australian infants/toddlers aged under 2 years, and investigate strategies that will improve awareness of and adherence to the Australian dietary guidelines.
- **Better monitoring of nutrition indicators for overweight and obesity.** DAA sees gaps in the monitoring of nutrition indicators for overweight and obesity, such as the ongoing monitoring of:
 - (1) national breastfeeding rates;
 - (2) food consumption data – assessing core food and discretionary food intakes using updated Australian Dietary Guidelines as a reference point;
 - (3) affordability of, and access to, healthy food (state-by-state or by primary health network).

Knowledge hub of nutritional information: An online evidence-based nutrition knowledge translation hub, Practice-based Evidence in Nutrition (PEN) is currently available to international nutrition & dietetic professionals as well as other healthcare practitioners. PEN is designed to accelerate the global application of nutrition research into practice, and is available to universities, nutrition and dietetic associations and nutrition professionals internationally. The PEN system provides nutrition practitioners with online access to timely, current and authoritative guidance on food and nutrition. It incorporates systematic reviews of practice-based nutrition questions (>1100), knowledge products and tools (>1700 evidence-based, peer reviewed professional tools and 1500 client resources) as well as activities to facilitate uptake into nutrition practice, such as online training modules and webinars to related to evidence-based nutrition practice. The PEN system is an international collaborative partnership between the dietetic professional associations of Canada, Australia and the UK. Currently over 20,000 healthcare professionals and students have access to the PEN system, over 50 Universities with nutrition programs as well as other health professionals accessing PEN via their healthcare organisation. Whilst PEN is designed for nutrition professionals, it

offers benefits to other related disciplines (e.g. nutrition researchers, medical practitioners etc).

Living database on food intake, nutritional status & health: DAA supports the development of a living database on the food intake, nutritional status and health outcomes of a large & representative Australian cohort (based on socioeconomic status, ethnic group, Aboriginal & Torres Strait Islander people etc), which can be accessed by researchers and organisations working in the field of nutritional health. Such a database would help to guide evidence-based decision making for health policies, health services, public education programs and other resources, so as to optimise health outcomes on a national, local or demographic level.

Education and training - supporting a professional workforce: DAA supports greater clarity on the definition of Nutrition Science (Nutrition Scientists) and the need to emphasise the strong science content in Nutrition & Dietetics education. This is critical to maintain its legitimacy in an increasingly challenging sphere both in public perception and more broadly in the health and government sectors. Education and training must remain evidence-based and science focussed. Supporting nutrition science graduates and the broader professional workforce needs a multifaceted approach in dealing with competition from alternative paradigm educators. This extends to socialising the qualifications and work of nutrition scientists into public consciousness.

References

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3. Evaluation Report of the Diabetes Care Project, 2015. Australian Government Department of Health. Available from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/302DF0372F537A43CA257E35000138E8/\\$File/DCP%20Evaluation%20Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/302DF0372F537A43CA257E35000138E8/$File/DCP%20Evaluation%20Report.pdf)

4. Spence AC, Campbell KJ, Lioret S, McNaughton SA. Early childhood vegetable, fruit, and discretionary food intakes do not meet dietary guidelines, but do show socioeconomic differences and tracking over time. *J Acad Nutr Diet*. 2018 (article in press).