

# Appendix D

**Recommendations of the workshop to  
revise nutrition goals and targets,  
Melbourne, 29 January 1991**

## 1. Background to the review of national nutrition goals and development of targets

Nutrition goals and targets were developed originally by the Better Health Commission in 1985.<sup>1,2</sup> These were the basis for the nutrition component of the health goals and targets of the National Better Health Program.<sup>3</sup> A consultancy was later established under the National Health Advancement Program to make recommendations for revised health goals and targets for 2000. The consultancy report was released in 1993.<sup>4</sup>

As part of the review process, a workshop to consider and revise the national nutrition goals and targets took place in January 1991.<sup>5</sup> The participants comprised representatives of the NHMRC, public health nutritionists and the food industry. A set of 26 goals and 32 associated targets was developed. These are given in Section 2.

These goals were clearly based on the available information about the food and nutrition system and they are part of the primary basis for monitoring in Australia. Together, the nutrition goals provide a broad and consistent base for using information currently available, and they provide direction towards information needed if the food and nutrition system is to be appropriately monitored. It is essential to take the next step, which is to develop mechanisms for establishing baselines and targets for the several goals that lack them now.

Although the recommendations of the health goals and targets review have not been adopted, they have been used widely as an interim guide for policy and program development at State level. For this reason, the proposed nutrition targets from the 1993 review document are shown in Section 3 and are cross-referenced to the relevant workshop targets.

## 2. National nutrition goals and targets

The following goals and targets are those recommended in the report of the workshop to revise the Nutrition Goals and Targets.<sup>5</sup> Progress towards food supply targets can be monitored on the basis of apparent consumption data; this is reported for the individual targets.

### Goal 1

**Increase the consumption of cereals, especially wholemeal, vegetables, fruit and legumes.**

#### **Ideal**

Increase average daily intake for those aged 12 years and over to at least seven serves of cereals (1 serve = 1 slice of bread or 1/2 cup of pasta, rice or breakfast cereal),\* 4 serves of vegetables (1 serve = 1/2 cup), and 2 serves of fruit (1 serve equivalent to 1 medium apple).

*Source of baseline data: Revising the five food groups. Draft discussion paper.<sup>6</sup>*

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\* A 'cup' is a standard metric cup (250 mL)

The NHMRC Food and Health Standing Committee<sup>7</sup> released a revised discussion paper in July 1993 after extensive public consultation. If the 'ideal' is updated, the number of serves of vegetables should increase from four to five.

**Target 1.1**

To increase the fruits and vegetables in the Australian food supply by at least 20 per cent in 10 years, from 251 to 301 kg\* fresh weight equivalent per capita per year. These are equivalent to 690 and 820 g daily. Figure D.1 shows the trend so far.

*Source of baseline data: Apparent consumption of foodstuffs and nutrients, Australia, 1988–89*<sup>8</sup>

**Target 1.2**

Within 10 years, increase the cereals in the Australian food supply by at least 20 per cent, from 88 to 106 kg per capita per year. Figure D.2 shows the trend so far.

*Source of baseline data: Apparent consumption of foodstuffs and nutrients, Australia, 1988–89*<sup>8</sup>

**Target 1.3**

Within 10 years, increase to 100 per cent the proportion of men and women aged 25–64 years eating some cereals (from 98 and 98.5 per cent respectively), vegetables (from 91.5 and 92.5 per cent respectively), and fruits (from 59 and 70 per cent respectively).

*Source of baseline data: National Dietary Survey of Adults: 1983. No. 1. Foods consumed*<sup>6</sup>  
Rounded to nearest 0.5 per cent.

**Target 1.4**

Within 10 years, increase to 100 per cent the proportion of boys and girls aged 10–15 years eating some cereals (from 99 and 98.5 per cent respectively), vegetables (from 83 and 84 per cent respectively), and fruits (from 60 and 69.5 per cent respectively).

*Source of baseline data: National Dietary Survey of Schoolchildren (aged 10–15 years): 1985. No. 1. Foods consumed*<sup>10</sup> Based on mean of age groups; rounded to nearest 0.5 per cent.

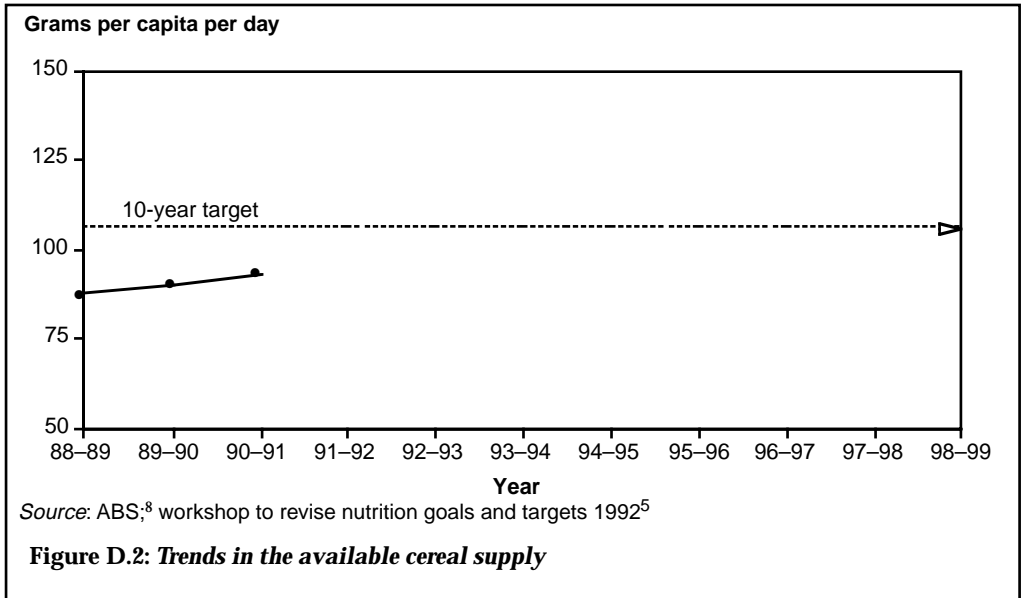
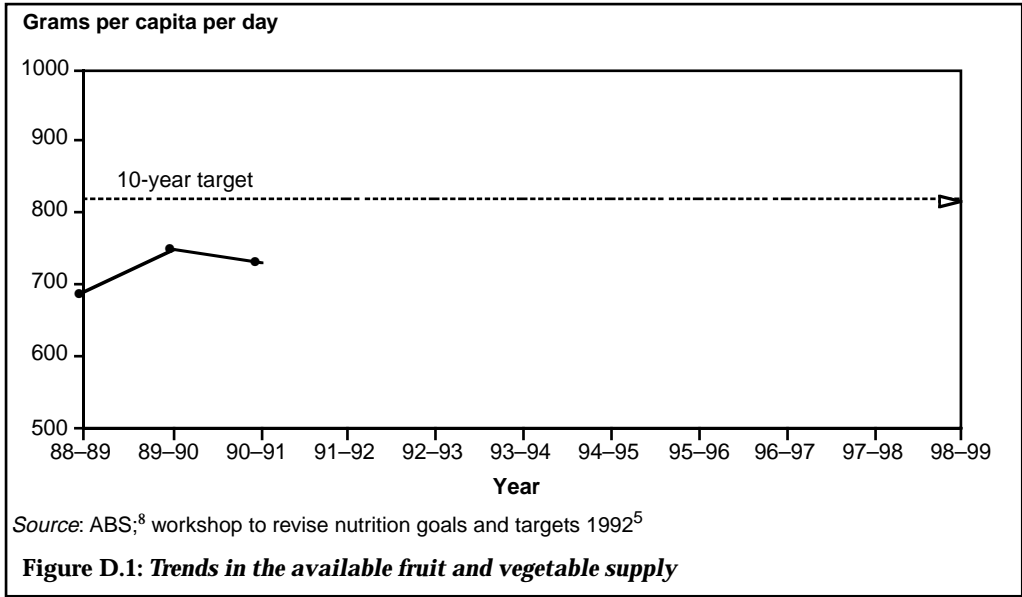
**Target 1.5**

Increase the average intake of cereal foods in the Australian diet, in men and boys from 7.5 to at least 9 serves per day and in women and girls from 4 and 7 serves to at least 7 and 8.5 serves per day respectively.

*Source of baseline data: National Dietary Survey of Adults: 1983. No. 1. Foods consumed*<sup>9</sup>*National Dietary Survey of Schoolchildren (aged 10–15 years): 1985. No. 1. Foods consumed*<sup>10</sup> Based on mean of age groups; rounded to nearest 0.5 per cent. Serves as described under 'Ideal'.

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\* The baseline and 10-year targets are amended to 251 kg (from 200) and 301 kg (from 240) per capita per year.



**Target 1.6**

Within 10 years, increase the average intake of vegetables in men and women from 1.8 and 1.5 cups to 2 and 1.8 cups per day respectively.

*Source of baseline data: National Dietary Survey of Adults: 1983. No. 1. Foods consumed.*<sup>9</sup>

**Target 1.7**

Within 10 years, increase the average intake of vegetables in boys and girls aged 12–15 years from 1.3 and 1 cups to at least 1.6 and 1.2 cups per day respectively.

*Source of baseline data: National Dietary Survey of Schoolchildren (aged 10–15 years): 1985. No. 1. Foods consumed.*<sup>10</sup>

**Goal 2****Reduce the total fat content of the Australian diet****Ideal**

Achieving a dietary fat content, at the individual level, of 20–30 per cent of total energy (including alcohol) for 95 per cent of the population. This does not apply to infants and young children.

**Target 2.1**

Within 10 years, reduce the total fat content of the Australian diet from the existing (1988–89) level of 33.7 per cent of total energy (including alcohol) to 30 per cent. Figure D.3 shows the trend so far.

*Source of baseline data: Apparent consumption of foodstuffs and nutrients, Australia, 1988–89.*<sup>8</sup>

**Target 2.2**

Within 10 years, reduce added fats (fat spreads and cooking fats and oils) in the food supply from 54 to 40 g per person per day. Figure D.4 shows the trend so far.

*Source of baseline data: Apparent consumption of foodstuffs and nutrients, Australia, 1988–89.*<sup>8</sup>

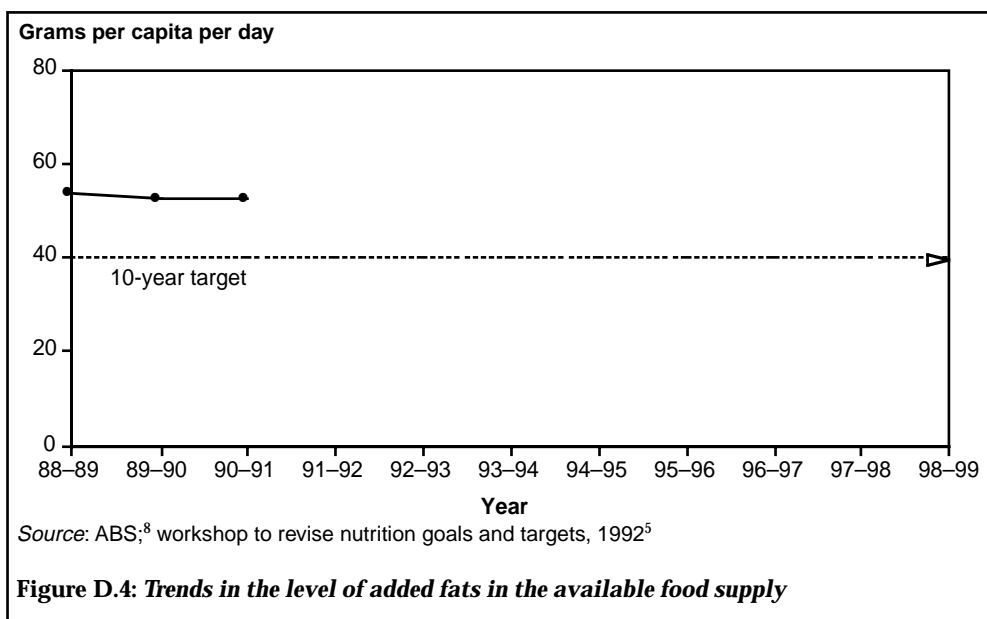
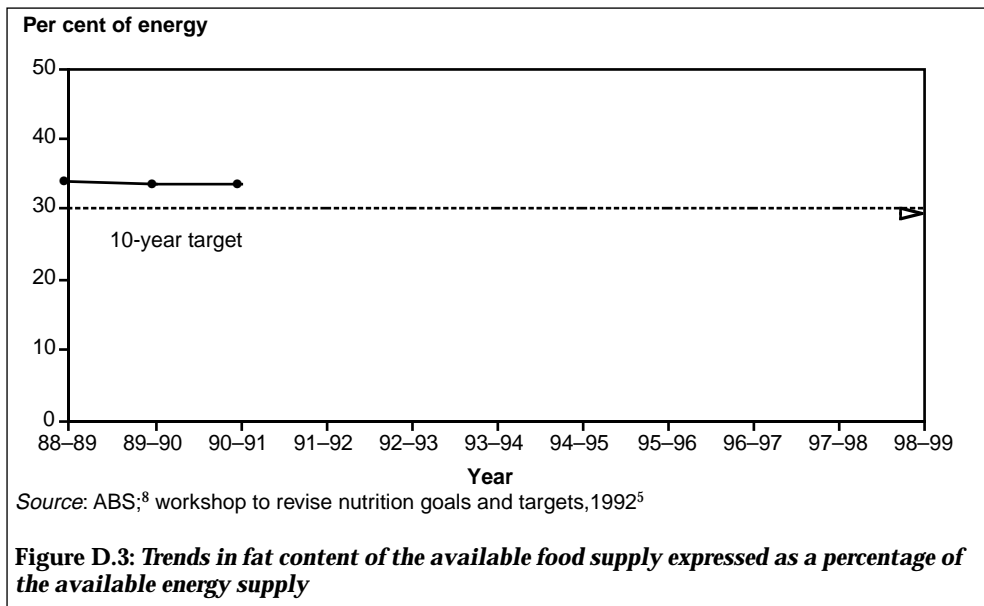
**Target 2.3**

Within 10 years, reduce the proportion of the adult population aged 25–64 years with dietary fat intakes greater than 40 per cent of total energy (including alcohol) from 36 to 15 per cent.

*Source of baseline data: National Dietary Survey of Adults: 1983. No. 2. Nutrient intakes.*<sup>11</sup>

**Target 2.4**

Increase the proportion of the population who know how much fat they are eating.



### **Goal 3**

#### **Reduce the saturated fat in the Australian diet.**

##### **Ideal**

Achieve a saturated dietary fat content of one-third of the total fat at the individual level.

##### **Target 3.1**

Reduce the saturated fat in the Australian diet to 10 per cent of total energy (including alcohol).

*Source of baseline data: The role of polyunsaturated fats in the Australian diet.<sup>12</sup>*

*Note:* This was a recommendation of the NHMRC Working Party on the Role of Polyunsaturated Fats in the Australian Diet, based on data from the 1983 National Dietary Survey.

##### **Target 3.2**

Within 10 years, reduce the saturated fat in the diets of adults aged 25–64 years from 16 to 13 per cent of total energy (including alcohol).

*Source of baseline data: National Dietary Survey of Adults: 1983. No. 2. Nutrient intakes.<sup>11</sup>*

##### **Target 3.3**

Within 10 years, reduce saturated fat in the diets of adolescents aged 13–15 years from 17 to 14 per cent of total energy (including alcohol).

*Source of baseline data: National Dietary Survey of Schoolchildren (aged 10–15 years): 1987. No. 2. Nutrient intakes.<sup>13</sup>*

##### **Target 3.4**

Reduce the carcass fat on animals.

##### **Target 3.5**

Increase the range of, and accessibility to, low- and reduced-fat dairy products.

##### **Target 3.6**

Reduce saturated cooking spreads and oils in the food supply.

### **Goal 4**

#### **Reduce the prevalence of overweight and especially obesity.**

##### **Ideal**

Ninety-five per cent of the adult population (aged 20 years and over) with a body mass index of between 18 and 27.5.

##### **Target 4.1**

See Table D.1.

**Table D.1: Targets for reduction in overweight and obesity<sup>(a)</sup> after five and ten years (per cent)<sup>(b)</sup>**

Age group	After five years				After 10 years			
	Males		Females		Males		Females	
	Over-weight	Obese	Over-weight	Obese	Over-weight	Obese	Over-weight	Obese
20 to 39 years	29	5	14	5	26	4	12	5
40 to 59 years	40	10	25	11	36	9	22	11
60 to 69 years	44	9	33	13	39	7	29	11

(a) Overweight and obesity based on BMI (weight (kg) / height<sup>2</sup> (m<sup>2</sup>)) and NHMRC definitions

(b) Average of estimates for the age ranges, rounded to the nearest whole number

Source: Risk Factor Prevalence Study Management Committee<sup>14</sup>

## Goal 5

Reduce eating disorders, especially in adolescents.

## Goal 6

Reduce alcohol in the Australian diet.

### Ideal

A maximum of 20 g per day for women, 40 g per day for men, and 0 g per day during pregnancy or when at risk of pregnancy.

**Source of baseline data:** NHMRC.<sup>15,16</sup>

### Target 6.1

Within 10 years, reduce the average alcohol in the Australian diet from 20 to 16 grams per day. Figure D.5 shows the trend so far.

**Source of baseline data:** *Apparent consumption of foodstuffs and nutrients, Australia, 1988–89.*<sup>8</sup>

### Target 6.2

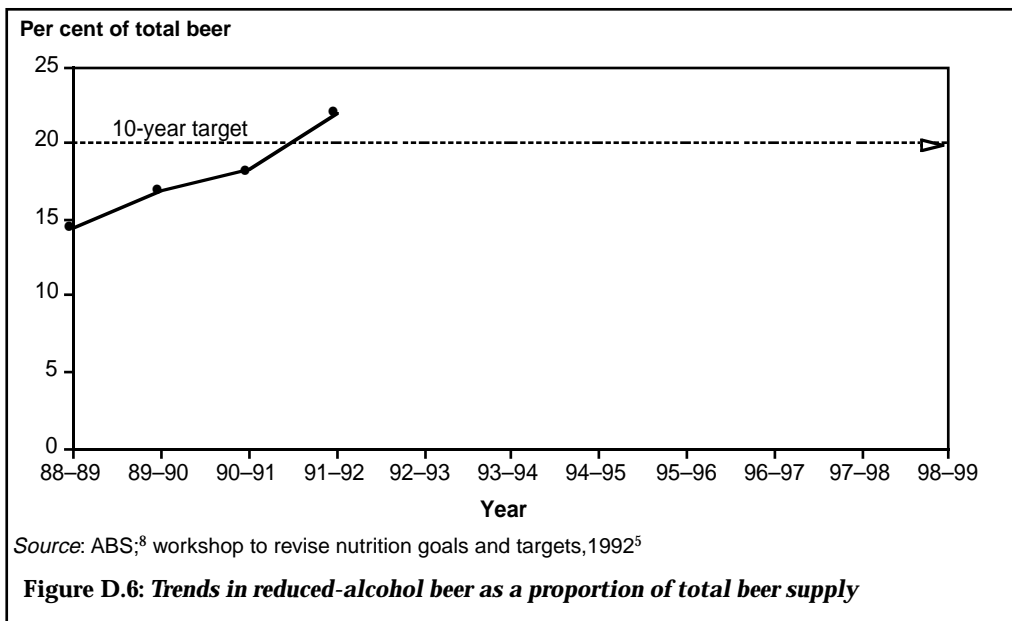
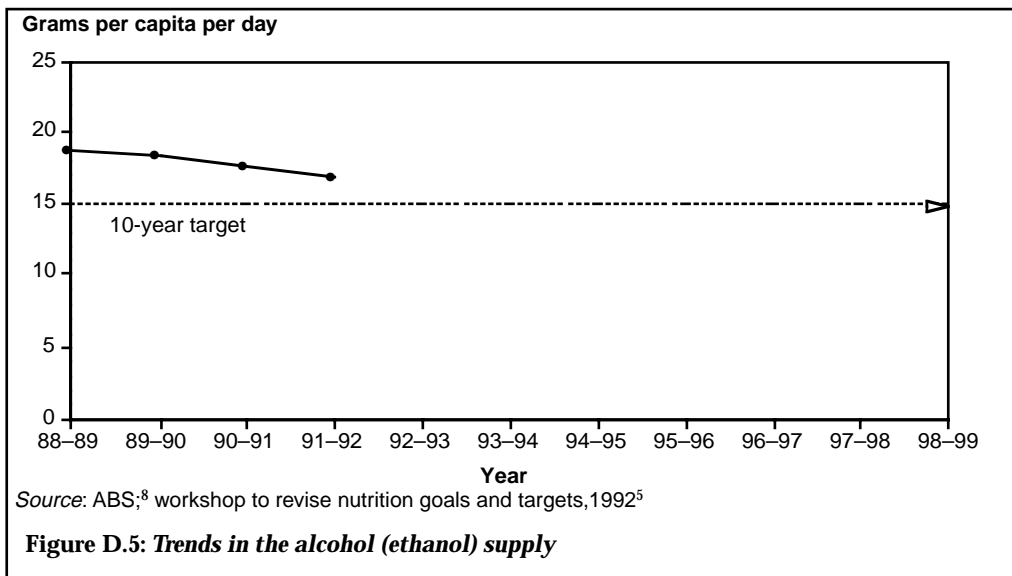
Within 10 years, increase the amount of low- and reduced-alcohol beer from 14.5 to 20 per cent of all beers. Figure D.6 shows the trend so far.

**Source of baseline data:** *Apparent consumption of foodstuffs and nutrients, Australia, 1988–89.*<sup>8</sup>

### Target 6.3

Within five years, reduce the proportion of men and women drinkers aged 20–69 years classified as at intermediate and higher risk from 7.4 and 5.5 per cent to 5.6 and 4.1 per cent respectively.

**Source of baseline data:** *Risk factor prevalence study Management Committee: survey no. 3, 1989.*<sup>14</sup> Average of estimates for the age ranges.



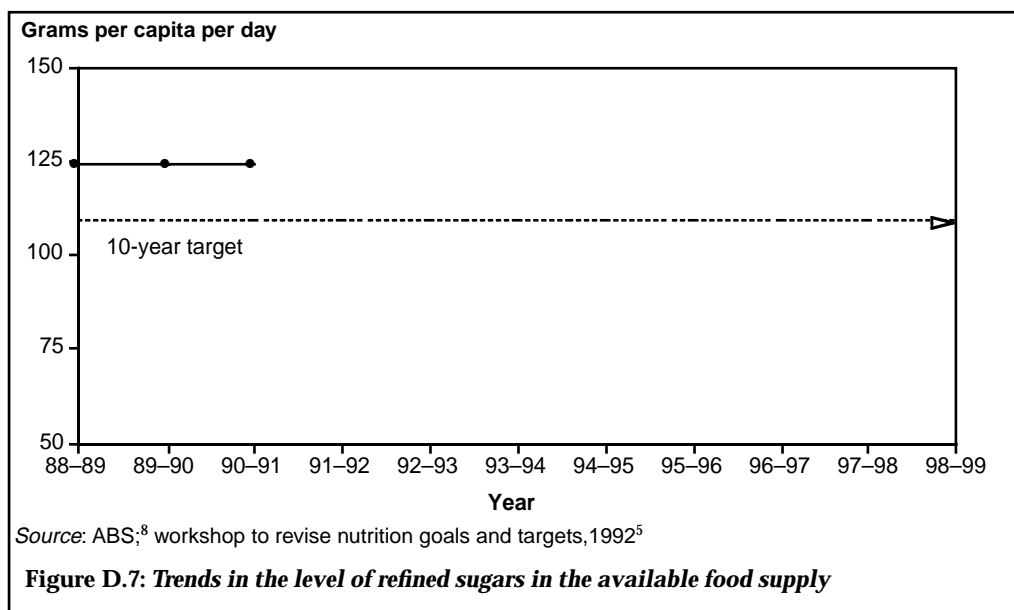
## Goal 7

**Reduce refined sugars (sucrose, syrups, honey, and so on) in the Australian diet.**

### Target 7.1

Within 10 years, reduce refined sugars (sucrose, syrups, honey and so on) in the Australian diet from 125 to 109 g per day. (This is equivalent to a reduction of 2 per cent of total energy of refined sugars, but expressed so that changes in the total energy do not confuse the monitoring of the target.) Figure D.7 shows the trend so far.

**Source of baseline data:** *Apparent consumption of foodstuffs and nutrients, Australia, 1988–89.*<sup>8</sup>



## Goal 8

**Reduce dietary sodium intake.**

### Ideal

Achieve a dietary sodium intake of 40–100 mmol at the individual level for those aged 12 years and over and proportionately lower for younger children. (Note that the most appropriate indicator of dietary intake is urinary sodium excretion.)

**Source of baseline data:** *Recommended Dietary Intakes for use in Australia.*<sup>17</sup>

### Target 8.1

Within 10 years, reduce dietary sodium intake to 100 mmol (2.3 g of sodium or 6 g of sodium chloride) per day or less.

**Source of baseline data:** *Report of the Working Party on Sodium in the Australian Diet.*<sup>18</sup>

**Target 8.2**

Increase the range of reduced-sodium (reduced-salt) products.

**Target 8.3**

Reduce the proportion of men and women aged 20–69 years who almost always add salt to food in the home, from 20 and 14 per cent to 10 and 7 per cent respectively.

**Source of baseline data:** *Risk factor prevalence study Management Committee: survey no. 3, 1989.*<sup>14</sup> Average of estimates for the age ranges.

**Goal 9**

**Increase the level of breastfeeding in Australia.**

**Target 9.1**

Within 10 years, achieve the following prevalence of breastfeeding: 90 per cent at discharge; 60 per cent fully (80 per cent partially) at three months; and 50 per cent fully (80 per cent partially) at six months.

The 1988–89 National Health Survey<sup>19</sup> and a small survey by the Brotherhood of St Laurence in 1992<sup>20</sup> showed the self-reported percentage of those breastfeeding at discharge to be 77 per cent and 78 per cent respectively. The National Health Survey data also showed that less than 48 per cent of mothers aged 18–24 years were still breastfeeding (either fully or partially) at three months. Of that age group, 32 per cent were still breastfeeding at four to seven months, compared with 37 per cent for all ages. The Brotherhood of St Laurence data showed 58 per cent of mothers breastfeeding at six months.

**Source of baseline data:** Palmer;<sup>21</sup> Hitchcock & Coy.<sup>22</sup>

**Goal 10**

**Increase the total calcium in the food supply.**

**Ideal**

Ninety-five per cent of people with calcium consumption levels greater than 70 per cent of the Recommended Dietary Intake.

**Target 10.1**

Reduce by half the proportion of people consuming diets with less than 70 per cent of the Recommended Dietary Intake for calcium (see Table D.2).

**Target 10.2**

Within 10 years, increase the total calcium, excluding supplementation, in the Australian diet by 10 per cent, from 904 to 1000 mg per capita per day. Figure D.8 shows the trend so far.

**Source of baseline data:** *Apparent consumption of foodstuffs and nutrients, Australia, 1988–89.*<sup>8</sup>

**Target 10.3**

Increase consumption of low- and reduced-fat dairy products, particularly in girls and women.

**Table D.2: Target: to reduce by half the proportion of people consuming diets with less than 70 per cent of the RDI for calcium and iron (per cent)<sup>(a)</sup>**

Nutrient / sex / age group	Less than 0.7 RDI	Less than 0.5 RDI
<b>Calcium</b>		
<b>Females</b>		
10 to 15 years	23	13.5
25 to 54 years	21	11
55 to 64 years	30	18
<b>Males</b>		
12 to 15 years	20	11
25 to 64 years	14	7
<b>Iron</b>		
<b>Females</b>		
12 to 15 years	14	5
25 to 54 years	22	10

(a) Based on mean of age groups, rounded to nearest 0.5 per cent

Sources: Department of Community Services and Health<sup>11,13</sup>

## Goal 11

**Achieve adequate iron consumption in pre-menopausal girls and women.**

### Ideal

Ninety-five per cent of girls and women with iron consumption levels greater than 70 per cent of the Recommended Dietary Intake.

### Target 11.1

Reduce from 9 to 4.5 per cent the proportion of girls aged 15 years and women aged 20–54 years with iron deficiency.

**Source of baseline data:** English & Bennett;<sup>23</sup> Australian Institute of Health.<sup>24</sup> Based on mean of age groups, rounded to nearest 0.5 per cent.

### Target 11.2

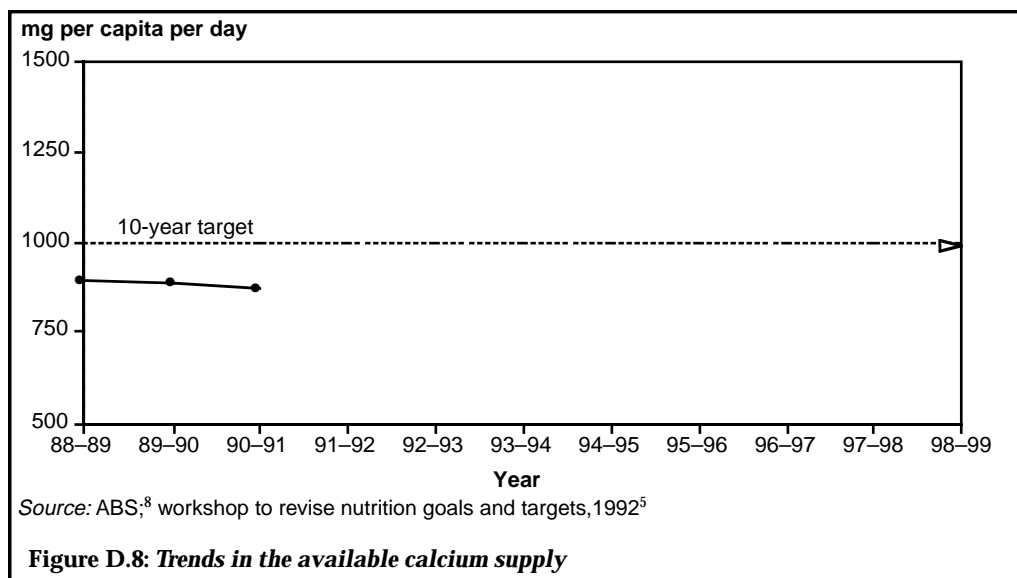
Reduce by half the proportion of females consuming diets with less than 70 per cent of the Recommended Dietary Intake for iron (see Table D.2).

## Goal 12

**Increase to 90 per cent the proportion of the Australian population using fluoridated water.**

### Ideal

All Australians to consume fluoridated water or use fluoridated toothpaste.



### Goal 13

Increase the proportion of restaurants and institutional food service operations that offer identifiable low-fat or low-energy food choices, or both, consistent with the Dietary Guidelines for Australians.

### Goal 14

Increase the proportion of school canteen and school meal services and child-care food services with menus that are consistent with the nutrition principles in the Dietary Guidelines for Australians.

### Goal 15

Increase the receipt of food services by people aged 65 and over who have difficulty preparing their own meals or are otherwise in need of home-delivered meals.

### Goal 16

Increase the proportion of the nation's schools providing nutrition education from pre-school to year 12, preferably as part of quality school health education.

### Goal 17

Give priority to increasing the number of employment opportunities for dietitian-nutritionists and public health nutritionists in Australia.

## **Goal 18**

**Ensure that a nutritious food supply is accessible to all Australians, irrespective of geographic, social, cultural or economic circumstances.**

### **Target 18.1**

Develop food and nutrition policies at national, State and local government levels.

## **Goal 19**

**Ensure that a potable and palatable water supply is available to all Australians and encourage its consumption, including in public places.**

## **Goal 20**

**By maintaining and developing of food preparative skills and decision-making skills, enable Australians to achieve individual and collective nutrition independence through control over food choices.**

## **Goal 21**

**Use the cultural diversity in the food supply to improve the nutritional quality of the Australian diet; maintenance of diversity will assist in meeting food security for the individual and national environmental goals.**

## **Goal 22**

**Ensure that the encouragement of dietary change recognises that the process of eating is itself conducive to health and that it includes other aspects of health promotion.**

## **Goal 23**

**Develop mechanisms to provide life-long education about food and nutrition, integrated with other forms of education, to provide knowledge and adaptive skills for the individual, knowledge and skills at all levels in the food service sector, and opportunities for the further development of knowledge and skills for the health professional.**

## **Goal 24**

**Ensure that the wider economic and environmental implications of recommendations for change to the food supply are considered.**

## **Goal 25**

**Ensure that, at all levels in the decision-making process regarding the development and introduction of new food materials and new food processes, appropriate expertise is available to undertake the required toxicological assessments, consistent with the developing knowledge of human biology.**

## **Goal 26**

**Ensure that the media, including advertisers, have access to food and nutrition expertise appropriate in content and timeliness to meet their needs while providing information consistent with national nutrition goals and objectives.**

### 3. Nutrition component of the national health goals and targets review

The revised nutrition goals and targets were provided to the health goals and targets review team, which adopted some targets for use in its report, primarily under the following proposed goals:

- to increase the proportion of the population who consume a diet consistent with the Australian Dietary Guidelines;
- to increase the prevalence and duration of breastfeeding;
- to reduce the prevalence of overweight and obesity among adults; and
- to minimise the harm associated with the use of alcohol.<sup>4</sup>

Several other of the proposed goals of the review were also relevant to food and nutrition. These can be found in chapters on preventable mortality and morbidity, health lifestyles and risk factors, health literacy and health skills and health environments.<sup>4</sup>

The nutrition targets from the health goals and targets recommendations are given against the proposed goals and the source of baseline data, and are cross-referenced to workshop nutrition targets.

#### **Proposed goal: to increase the proportion of the population who consume a diet consistent with the Australian Dietary Guidelines.**

The targets can be grouped according to their baseline sources and paraphrased as follows (the target year is 2000). Each is cross-referenced to the workshop targets given in Section 2.

#### **Baseline data from: Apparent consumption of foodstuffs and nutrients, 1988–89<sup>8</sup>**

- To reduce to 30 per cent the average consumption of dietary fat as a proportion of total energy intake *in those aged 18 years and over*.  
Cross-reference: Target 2.1.
- To reduce the apparent consumption of alcohol in Australia by 20 per cent.  
Cross-reference: Target 6.1.
- To reduce the apparent consumption of refined sugars (sucrose, syrups and honey) by 13 per cent (equivalent to a reduction of 2 per cent in the energy contribution).  
Cross-reference: Target 7.1.
- To increase the per capita apparent consumption of calcium from food by 10 per cent (to 1000mg per day).  
Cross-reference: Target 10.1.

#### **Notes**

As discussed in detail in earlier chapters, the apparent consumption data refer to the food available for consumption not to intakes expressed on a per capita basis. The original wording of these targets in the 1993 report makes the distinction very unclear, and the meaningless application to a population subgroup (in italics) may well arise from the confusion so created. This error reinforces the notion that the term 'apparent consumption' could usefully be replaced by 'the available food supply' or food available for consumption. Target 7.1 appears in the form of reducing average

(apparent) consumption of refined sugars by 13 per cent. This is not expressed clearly, although the intended meaning is as expressed in the original.

**Baseline data from: 1983 and 1985 national dietary surveys**

- To increase the average number of serves of core cereal foods (breads—preferably wholegrain—rice and pasta) in the diet of those aged 25–64 years by 20 per cent (men) and 27 per cent (women) and of those aged 10–15 years by 20 per cent (males) and 17 per cent (females).  
Cross-reference: Target 1.5.
- To reduce the energy contribution of saturated fat in the diets of those aged 25–64 years to 13 per cent, and of those aged 13–15 years to 14 per cent of total energy intake (including the energy contribution of alcohol).  
Cross-reference: Targets 3.2 and 3.3.
- To increase to 95 per cent the proportion of those aged 25–64 years and 10–15 years who eat vegetables daily.  
Cross-reference: Targets 1.3 and 1.4.
- To increase to 95 per cent the proportion of those aged 25–64 years and 10–15 years who eat fruit daily.  
Cross-reference: Targets 1.3 and 1.4.
- To reduce by 15 per cent the proportion of those aged 25–64 years whose dietary fat intake is greater than 40 per cent of total energy intake (including the energy contribution of alcohol).  
Cross-reference: Target 2.3.
- To reduce by 20 per cent the proportion of those aged 10–15 years whose usual diet includes an energy contribution from refined sugars of more than 15 per cent of total energy intake (including the energy contribution of alcohol). The workshop target for refined sugars (7.1), is based on food supply changes rather than on survey data (see notes below).

**Notes**

The proportionate increases in average daily intakes for cereals, vegetables and fruit are equivalent to a target of 7 serves per day of cereal foods (1 serve = 1 slice of bread or 1/2 cup of pasta, rice or breakfast cereal), 4 serves of vegetables (1 serve = 1/2 cup), and 2 serves of fruit (1 serve equivalent to 1 medium apple). These amounts are based on a draft discussion paper *Revising the five food groups*.<sup>6</sup> The NHMRC Food and Health Standing Committee<sup>7</sup> released a revised discussion paper in July 1993 after extensive public consultation. If the target is updated, then the target for vegetables would change from 4 to 5 serves. The target for percentage of the population consuming, based on the 1983 National Dietary Survey of Adults<sup>6</sup> and the 1985 National Dietary Survey of Schoolchildren,<sup>7</sup> were modified from 100 per cent to 95 per cent by 2000.

The limitations of 'per cent consuming' derived from 24-hour recall data are discussed in chapter 4 and should be considered in the interpretation of the results obtained.

The age groups used were those for which baseline data were available, and for which dietary change was considered appropriate.

**Baseline data from: 1989 risk factor prevalence survey<sup>14</sup>**

- To reduce to 5.6 per cent (men) and 4.1 per cent (women) the proportion of those aged 25–69 years whose usual diet includes an energy contribution from alcohol of more than 5 per cent.  
Cross-reference: Target 6.3.
- To reduce by 10 per cent (men) and 7 per cent (women) the proportion of those aged 25–69 years who almost always add salt to food at home.  
Cross-reference: Target 8.3.

**Note**

As with the targets with dietary survey baselines, the age groups indicated reflect those of the baseline survey.

**Baseline data from: English & Bennett<sup>23</sup> and the Australian Institute of Health**

- To reduce by 50 per cent the proportion of females aged 15 years or 20–54 years with iron deficiency.  
Cross-reference: Target 11.1.

**Note**

The age groups indicated reflect those of the baseline surveys. It is very likely that females aged 16–19 years will be found to have iron status similar to that of the nearest age group for which there are data.

**Proposed goal: to increase the prevalence and duration of breastfeeding**

**Baseline data from: Palmer;<sup>21</sup> Hitchcock & Coy<sup>22</sup>**

The proposed targets for the year 2000 were:

- to increase the proportion of babies breastfed at discharge to 90 per cent;
- to increase the proportion of babies up to 3 months who are fully breastfed to 60 per cent and those who are fully or partially breastfed to 80 per cent;
- to increase the proportion of babies up to 6 months who are fully breastfed to 50 per cent and those who are fully or partially breastfed to 80 per cent.  
Cross-reference: Target 9.1.

**Proposed goal: to reduce the prevalence of overweight and obesity among adults**

**Baseline data from: 1989 risk factor prevalence survey<sup>18</sup>**

- Targets were set for 1995 and 2000 and are summarised in Table D.3.  
Cross-reference: Target 4.1.

**Notes**

The original recommendation specified 5- and 10-year targets so effectively the setting of 1995 and 2000 as target years markedly increases the rate of change required. Recommended 5- and 10-year targets of 33 per cent (overweight) and 29 per cent (obese) for women aged 60–69 years were not included. Table D.3 should be compared with Table D.1 (page 320).

**Table D.3: Targets for reduction in overweight and obesity<sup>(a)</sup> by the years 1995 and 2000 (per cent)<sup>(b)</sup>**

Age group	1995				2000			
	Males		Females		Males		Females	
	Over-weight	Obese	Over-weight	Obese	Over-weight	Obese	Over-weight	Obese
20 to 39 years	29	5	14	5	26	4	12	5
40 to 59 years	40	10	25	11	36	9	22	11
60 to 69 years	44	9	na	13	39	7	na	11

na Not applicable

(a) Overweight and obesity based on BMI (weight (kg) / height<sup>2</sup> (m<sup>2</sup>)) and NHMRC definitions

(b) Average of estimates for the age ranges, rounded to the nearest whole number

Source: Risk Factor Prevalence Study Management Committee<sup>14</sup>

### Underweight

Included under this proposed goal was a target for 2000 to reduce the proportion of women aged 20–24 years who were underweight from 29 per cent to 20 per cent.

Cross-reference: Goal 5 (the workshop did not consider that there was sufficient information to establish a target.)

### Proposed goal: to minimise the harm associated with the use of alcohol

This goal is primarily but not solely directed to the effects of alcohol as a drug, but has considerable relevance for the food aspect of alcohol. Targets set for the year 2000 are shown below. Other targets were set for outcomes of alcohol misuse, and there were some additional proposed targets for Aboriginals and Torres Strait Islanders, and for pregnant women.

#### Baseline data from: Department of Human Services and Health<sup>4</sup>

- To reduce by 10 per cent by the year 2000 the consumption of alcohol by those aged 15 years and over (from an average 10.1 L per person in 1991).

Cross-reference: Target 6.1 (which was based on apparent consumption data.)

#### Note

This is clearly annual intake. It is equivalent to an average daily intake of 27.7 mL (approx. 22g of ethanol). A 10 per cent reduction would mean an intake of approximately 20g of ethanol.

#### Baseline data from: 1991 National Campaign Against Drug Abuse Household Survey reported in the 1992 Draft Strategic Plan<sup>4</sup>

- Among those who consume alcohol, to reduce from 44 per cent to 35 per cent (males) and from 30 per cent to 24 per cent (females) the proportion of those drinking regularly at hazardous or harmful levels.
- Among those who have tried alcohol in the last 12 months, to reduce from 26 per cent to 21 per cent (males) and from 32 per cent to 26 per cent (females) the proportion of those who, when they drink, do so at hazardous or harmful levels.

## References

1. Better Health Commission. Looking forward to better health. Volume 1. Final report. Canberra: AGPS, 1986.
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