

3 Discussion

There is a large body of data pertinent to food and nutrition available in Australia, and by reporting against the dietary guidelines this publication has highlighted existing measures and data relevant to food intakes, the food supply and food choices. The key data sources are the 1995 NNS, the ongoing NHS, apparent consumption data (last published 1998–99, other than for alcohol), and the 1989 RFPS.

The published data reviewed here provide a status report regarding the nutrition of Australians as a follow-up to the data presented by Marks et al. (2001a), including the more recent data provided by the 2001 NHS, the 2000 National Physical Activity Survey, the 2004 National Drug Strategy Household Survey, the 1999–2000 AusDiab Survey and the OzFoodNet surveillance network. It is evident from these data relevant to the dietary guidelines that there are still important nutritional issues to be addressed in Australia. Although there were a higher proportion of adults in 2001 than in 1995 who reported usually consuming two serves of fruit and four serves of vegetables per day, more than 50% of people did not report meeting these minimum recommendations. In addition, data suggest a trend towards higher proportions of people being insufficiently active and indicate increased levels of obesity. In relation to food, there has been an increase in the number of foodborne illnesses reported during the past 10 years and no reported improvement in levels of food insufficiency between 1995 and 2001. Other areas of concern include fewer women of child-bearing age reporting that they take supplements for folate in 2001 compared to 1995 and the lack of reported improvements in breastfeeding rates between 1995 and 2001.

In addition, it is evident that key components of data relevant to food and nutrition monitoring in Australia are not collected on an ongoing basis and are no longer recent – in particular, the data relating to dietary intakes (1995) and biomedical risk factors (1989). As a result, it is difficult to determine current trends or areas of concern relating to these matters. Some gaps in data availability relevant to the dietary guidelines are also evident. For example, in the context of the guideline, ‘choose foods low in salt’, there are no data available regarding actual intakes of sodium or food-choice patterns in relation to low-salt foods. In addition, it is apparent that some data collected are not published. For example, the AusDiab survey asked questions on knowledge of consumption requirements for a healthy diet, which have not been published. Analysis of such data would help to assess public knowledge of dietary guidelines and recommendations. This lack of recent data for some key areas, along with the gaps and inconsistencies, make it difficult to monitor changes in nutrition in Australia and to effectively evaluate the dietary guidelines as a key policy document.

The international measures presented suggest that existing Australian measures relating to food and nutrition are largely comparable to those in a range of similar other countries. In some cases, such as for breastfeeding data and consumption of alcohol, Australian reporting is comparatively recent and comprehensive. However,

the international indicators have also served to highlight additional measures that might enhance Australian food and nutrition monitoring relevant to the dietary guidelines, as noted in the previous sections. For example, some countries have collected extensive data for indicators regarding food insecurity, rather than just food insufficiency. Similarly, the biomedical component of the USA NHANES adds substantially to data regarding iron deficiency, bone density (which is related to sufficient calcium intakes) and folate status, all of which are important public health concerns. Measures relating to blood folate levels were also reported from the UK NDNS, along with blood measures of other vitamins, including vitamin C, vitamin B12, thiamin (B1), riboflavin (B2), vitamin D, vitamin E, and retinol and carotenoids (indicative of vitamin A).

In addition, questions about barriers to diet change were published by New Zealand from their 1997 NNS, including difficulties in eating more fruit and vegetables, or decreasing fat intake. New Zealand also reported the proportion of adults who remove fat from their meat. These measures appear to be relevant to the dietary guidelines, as they are concerned with facilitating appropriate changes to diet where necessary. Such additional measures are noted in this report for consideration in the development of food and nutrition indicators for Australia.

Comparison with international measures also highlighted the age and non-ongoing status of much of the Australian data. Many of the countries have in place systems for collecting nutrition-related data on an ongoing basis – notably, Japan and the USA, which conduct yearly food and nutrition surveys – whereas much of the Australian data is now around 10 years old.

The limitations of existing measures for food and nutrition monitoring in Australia discussed above, in conjunction with the evident continuing nutrition concerns, highlight the need for nationally endorsed indicators as part of an ongoing food and nutrition monitoring and surveillance system. Regular reporting against a consistent set of indicators would help to minimise data gaps and ensure that all relevant data collected were published and disseminated.

This report has only presented existing statistical measures relevant to the Dietary Guidelines for Australian Adults. However, it would be beneficial to invest in research into technical specifications for ‘ideal’ (i.e. not solely based on existing data collection) food and nutrition indicators for Australia, in conjunction with the ongoing work towards the development of a monitoring system. To develop these indicators, it would be essential to look at indicators outside the dietary guidelines, although they are an important place to start. The broad-ranging food and nutrition indicators proposed for the EU may provide a useful guideline. For example, additional indicators proposed include environmental factors (such as policy and nutrition interventions), nutrition-related inequalities, and genetic factors and interactions (Sjöström et al. 2003). More investigation is also needed into the development of indicators and data sources relating to the nutrition of children, older adults and special population groups.