FNM News

FOOD AND NUTRITION MONITORING NEWS • NUMBER 4 • AUGUST 1995

New Food Standard A9 launched

After more than 15 years of deliberation the revised Standard A9 was launched in Canberra on 8 June 1995. At the launch Parliamentary Secretary Dr Andrew Theophanous said that the new scientifically based standard for adding vitamins and minerals to foods will provide clarity and consistency to both industry and consumers.

How does it differ?

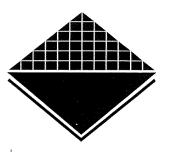
The new Standard A9:

- permits an expanded selection of vitamins and minerals for cereal-based products including pasta. These are B6, folate, E, magnesium and zinc in addition to thiamin, niacin, riboflavin, calcium and iron at 15–50% of the RDI per reference quantity, based on the range of naturally occurring vitamins and minerals present in those foods.
- permits continued fortification of breakfast cereals with other micronutrients (carotene forms of vitamin A and vitamin C) on the basis of established precedent;
- permits, for the first time, the addition of vitamins and minerals to cheese and cheese products, and textured vegetable protein at levels found in cheddar cheese and meat respectively;
- decreases the range and amount of vitamins that may be added to fruit, tomato and vegetable juices based on their natural vitamin profile and content;
- imposes maximum claim limits on all permitted vitamins and minerals;

- makes mandatory the disclosure of added vitamin and mineral content for each micronutrient which is present at equal to or greater than 10% of the RDI;
- permits folate fortification for most cereal foods, yeast extracts, fruit and vegetable juices and drinks containing fruit and vegetable juices at 50% of the RDI; and
- decreases from 50 to 25% of the RDI the amount of naturally occurring vitamin or mineral required to be present in a food before a claim for a 'good source' can be made (National Food Authority Information Sheet, issued 8 June 1995).

Implications for nutrition monitoring

'This standard balances consumer choice and market demand with solid scientific evidence underpinning public health and safety. For those who want fortification, it is now more widely available and, at the same time, more carefully regulated. The impact of the new standard will need to be carefully monitored and adjustments made when necessary.



HEALTH & WELFARE

Most of all, we need to make sure that the beneficial outcomes are being achieved', Dr Theophanous said.

For more information, contact Jean Shannon, National Food Authority, on (06) 271 2233.

Hobart sodium intake study

A University of Tasmania team comprising hypertension researcher Dr Trevor Beard, nutritionist Dr David Woodward, psychologist Peter Ball and epidemiologist Professor Terry Dwyer is gathering data on sodium intakes among randomly chosen Hobart adults aged 18-70 years. Sodium intakes will be assessed from 24-hour urinary sodium excretion, allowing an estimate of how many people are conforming with the RDI for sodium (40–100 mmol sodium $\equiv 0.92 - 2.30$ g sodium per day from all sources for adults). The project aims to find out what distinguishes 'conformers' and 'non-conformers'. The study data will also be used to assess the validity of a short instrument, proposed by the Australian Institute of Health and Welfare, for monitoring community sodium intake.

For more information contact David Woodward, University of Tasmania, on (002) 20 2675.

For more information about *FNM News*, please contact lan Lester on (06) 244 1126 or fax (06) 244 1299.

Making the most of the 1995 National Nutrition Survey by asking relevant questions

National and state needs

One of the concerns consistently expressed by State and Territory representatives, both during the planning process for the National Nutrition Survey and in the course of the Institute's consultations about monitoring needs, was that national surveys do not meet State and local needs for information. Whilst this is true it does not mean that the data from national surveys cannot be used in a way which is relevant to these needs.

The resources devoted to national surveys usually enable more, and sometimes more detailed, information to be collected than may be possible at State or regional level. The basic problem is that it is not practical for national survey samples to be large enough to provide reliable data for small geographic areas. One way round this problem is to ask in regional surveys at least some of the same questions that are being asked in national surveys. This approach allows the sample to be selected on the basis of local needs, e.g. a particular ethnic or age group, and also to be large enough to provide statistically relevant information.

Aspects of nutrition which are of particular interest in terms of nutrition monitoring are those related to evaluation of food and nutrition policy objectives and to national nutrition goals and targets. Not all of these can be addressed by questions in population surveys, but topics which lend themselves to this approach include food security, food habits related to dietary recommendations and barriers to dietary change. Questions relating to these topics have been included in the 1995 National Nutrition Survey in addition to the 24-hour

recall interview and food frequency questionnaire.

How useful are brief questions?

With the help of detailed data that will become available from the National Nutrition Survey, and from the National Health Survey, it will be possible to determine the extent to which the responses to brief questions provide valid indicators of some key aspects of food and nutrient intake in different population sub-groups.

The questions reproduced in this newsletter, which represent only some of those included in the National Nutrition Survey, were developed after extensive consultation. Most of the questions have been used previously in other surveys, either in the same or a very similar format, and are therefore useful for assessing changes over time. Others have been included for the first time to address important concerns, such as food security and barriers to dietary change, about which there is little information.

While brief questions of this type will always have limitations, the responses to all the questions included in the National Nutrition Survey will have the advantage of being able to be linked with more specific data on food intake and health status in the same individuals.

Towards a standard format

At the present time, there are no agreed instruments for collecting data for the purpose of food and nutrition monitoring in Australia. As a result information is often not comparable from one survey to the next, between States, or with national data. If agreement can be reached on a standard format for at least a few key questions designed to assess the impact of current nutrition policies and programs, it will be possible in future to make valid comparisons between the results from national surveys and surveys carried out in different parts of Australia.

If many different versions of the same basic questions are used, as is currently the case, comparisons of survey data, both between areas and over time, at best will be difficult to interpret and at worst misleading. In addition it is usually not possible to interpret the responses to 'different' questions in terms of more specific data on food and nutrient intake, or health status.

Since the 1995 National Nutrition Survey will enable a few brief questions to be extensively evaluated as possible key indicators for food and nutrition monitoring, there is a distinct advantage in using these questions, in preference to other versions, in any surveys currently being planned.

As a first step towards promoting the development and use of standard instruments for food and nutrition monitoring, we have included some key questions from the 1995 National Health and National Nutrition surveys both for information and to make them readily accessible to potential users.

Further information about other questions and the development and rationale for the brief questions included in the 1995 National Nutrition Survey is available from Barbara Brown, Director National Nutrition Survey on (06) 289 8087 or fax on (06) 289 8121/7104.

Selected questions from the 1995 National Health and National Nutrition surveys

Interviewer-administered questions

Source: National Health Survey

Do you consider yourself to be	<u>→</u>
Acceptable weight?	□
Underweight?	🔲
Overweight?	
·	
How tall are you without shoes	3?
Centimetres	
Feet	
Inches	
Don't know	·· [_]
How much do you weigh?	
Kilograms	
Stones/pounds	
Pounds	
Don't know	
Courses National Nutrition O	
Source: National Nutrition Su	urvey
Compared to the same time las	st
year, has (your/'s) weight decreased, increased, or staye	d the
same?	
Increased	
Decreased	··· 🔲
Stayed the same	🔲
Don't know	🗆
What do you think were the reasons for this weight change	
Interviewer:	
 do <u>not</u> read out response categories mark all applicable response categories 	
Change in kind of food/drink	
consumed	
Change in amount of food/drink consumed	
Ageing or physical growth	
Change in physical activity	
levels	·□
A medical condition	· []
No special reason	· 님!
Other	· L
In the last 12 months, were the	re
any times that you ran out of fe and you couldn't afford to buy	ood
more?	any
Yes	
1 VV	· [_]]

No

Source: National Nutrition Survey
Would you like to change the amount you eat of any of these foods?
Note: respondent sees hand card with the choices shown as listed below
Fruit and vegetables*
Bread and cereals
* We are considering only fruit and vegetables in this example. Only those responding positively are asked further questions (see below)
About fruit and vegetables, would you like to eat more or less of this group?
More
Less
What is stopping you from making this change?
Interviewer: • do <u>not</u> read out response categories • mark all applicable response categories
Cost too much
Not enough time
Storage
Availability
Quality
Do not like
Like too much
Other
(Do you/does) have teeth, mouth or swallowing problems that cause you to avoid certain foods?
Yes
No
How often (do you/does) add salt to (your/'s) food after it is cooked? Is it never, rarely, sometimes or usually?
Never/rarely
Sometimes
How often is salt added to (your/'s) food during cooking? Is it never, rarely, sometimes or usually?
Never/rarely
Sometimes
Usually
Usually

Source: National Nutrition Survey	
What type of milk do you <u>usually</u> consume?	
Whole	
Low/reduced fat	
Skim	
Evaporated or sweetened condensed	
None of the above	
Don't know	
How often is the meat you eat trimmed of fat either before or after]
cooking?	
Never/rarely	
Sometimes	
Usually	
Don't eat meat	
How many serves of vegetables do you <u>usually</u> eat each day?]
(a 'serve' = 1/2 cup cooked vegetables or 1 cup of salad vegetables)	
1 serve or less	
2–3 serves	
4–5 serves	
6 serves or more	
Don't eat vegetables	
	_
How many serves of fruit do you	٦
How many serves of fruit do you <u>usually</u> eat each day?]
How many serves of fruit do you <u>usually</u> eat each day? (a 'serve' = 1 medium piece or 1 small piece or 1 cup of diced pieces)	1
<u>usually eat each day?</u> (a 'serve' = 1 medium piece or 1	-
<u>usually</u> eat each day? (a 'serve' = 1 medium piece or 1 small piece or 1 cup of diced pieces)	
usually eat each day? (a 'serve' = 1 medium piece or 1 small piece or 1 cup of diced pieces) 1 serve or less 2–3 serves 2–5 serves	
usually eat each day? (a 'serve' = 1 medium piece or 1 small piece or 1 cup of diced pieces) 1 serve or less 2–3 serves	

-1224

Self-completed questions

State news

Queensland

Emergency food relief services in Brisbane

The 1993 Regional Health Survey in Queensland found that 9% of households had run out of food, and in 6% of households someone had 'eaten less than they should have' in the previous 12 months (see questions opposite). There was substantial variation across the State, with a higher proportion of households in the densely populated south-east reporting a problem.

This finding was the basis for a survey of emergency food relief services in Brisbane undertaken by Queensland University of Technology dietetics students. The survey excluded State Emergency Service activities. Organisations were identified initially by 'common knowledge' and then by a snowball technique, with an appropriate individual from each body being interviewed. The organisations surveyed provided a range of services; from hot meals, food packs and food vouchers to various forms of income support.

Food and nutrition in Queensland: a collation of data

This report by Phil Harvey and Cheryl Hutchins is aimed primarily at health professionals with an interest in nutrition, and policy planners. It includes hints on how to interpret the data to assist those unfamiliar with the important differences between data collections that appear to provide comparable information.

This book is an early step in implementing the Queensland Food and Nutrition Strategy. Its major goal is to foster the use of the data for policy development and evaluation. Updates are planned as identified gaps in information are filled.

For more information contact Dorothy Mackerras or Phil Harvey, University of Queensland Nutrition Program, on (07) 365 5400 or Queensland Health on (07) 234 1878.

Reg	993 Queensland ional Health Survey: I security questions
times th	st 12 months, were there at your household ran out and there wasn't money ny more food?
Yes	
No	
in your h they sho	st 12 months, has anyone nousehold eaten less than uld because you couldn't nough food?
Yes	
No	
L	

Western Australia Western Australian goals and targets in risk reduction

The Health Department of Western Australia is working towards goals and targets in risk reduction. Nutrition is one of the areas for development. Three surveys will provide information at State level for monitoring relevant goals and targets. Results from the three surveys are expected to be available later this year.

1994 Perth Dietary Survey

A survey was conducted of 2,000 Perth residents using both a 24-hour recall method and a semiquantitative food frequency questionnaire.

The survey was used to calibrate the semi-quantitative food frequency questionnaire later used for the Nutrition Attitudes Survey. As the survey was conducted in conjunction with the Perth MONICA Study, health data are also available on respondents. Results will include a comparison with the 1989 Perth Dietary Survey.

1995 Nutrition Attitudes Survey

A telephone survey of 1,000 urban and rural Western Australians was conducted, focusing on the particular dietary guidelines for fruit and vegetables, fat consumption, cereals, and maintaining an appropriate body weight, plus issues such as access to 'healthy' foods. Results are expected to be available this year.

1995 WA Health Survey

A sample of approximately 5,600 people across Western Australia were telephoned in a recent study. The questionnaire has a semiquantitative food frequency component based on the Perth Diet Survey questionnaire. The WA Health Survey is a vehicle for monitoring Western Australian clinical health goals and targets, together with some national health goals and targets.

Special reports

The Health Department of Western Australia is releasing a series of short reports on the food and nutrition system. Titles include: *Risk-factors for diet-related disease;* Deaths and illnesses from diet-related disease; Food production sector; Food processing sector; Food retailing sector; Food services sector; and What are Western Australians eating? The department also produces Nutrition WA: 1995-2000, a quarterly bulletin covering activities in Western Australia consistent with National Food and Nutrition Policy objectives.

For more information contact Cathy Campbell, Health Department of Western Australia Nutrition Program, on (09) 222 2057.

FNM News is produced as part of a National Food and Nutrition Policy project, funded through the National Health Advancement Program of the Commonwealth Department of Human Services and Health.

ų,