

A NATIONAL NUTRITION POLICY : HOW CAN WE GET ONE?

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Summary

Getting a National Nutrition Policy is a political exercise in which at least five groups are important - the medical profession, nutritionists, politicians and governments, the food industry and consumers. The medical profession, politicians and governments, and the food industry will not take the initiatives in formulating such a policy. These must be taken by nutritionists. The success of these efforts will depend on effective communication with consumers, for which a new nutrition education framework is needed, who are then likely to bring pressure to bear on the other groups.

I. INTRODUCTION

Getting a National Nutrition Policy is essentially a political exercise. To carry this out successfully we must identify the constituencies to whom we must appeal. There are at least five such groups who have been identified as being important -

1. The medical profession
2. Nutritionists
3. Politicians and governments
4. The food industry
5. Consumers

II. IMPORTANT GROUPS

(a) The medical profession

The medical profession are important in determining public policy through their direct and indirect influence on policy makers the public and those involved in human nutrition. This is particularly so in relation to clinical medicine. Only a small proportion of the medical profession have a keen interest in public health and even fewer have an interest in nutrition. For this reason, even though those involved in human nutrition in Australia have usually seen the active support of the medical profession as essential for the success of their activities, direct appeals to the majority of the medical profession are almost certain to fail. Clearly it is important to continue to work closely with those members of any group who are interested - their support and expertise is vital. However, the medical profession in general are not interested and the benefits to be gained from directing large amounts of effort towards them are likely to be small.

(b) Nutritionists

There is a lot of work to be done in this constituency. Dietitians and nutritionists do not have high status in Australia (Ince and Greenfield 1978). Dietitians in particular have seen the solution to the status problem through becoming more like the group on whom they modelled themselves - the medical profession - which meant increasing emphasis on the clinical role. The problem is that dietitians can never achieve

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the status of the medical profession in the clinical area and that to become more clinical is self-defeating when our ultimate interest lies in public health and preventive medicine.

There has been an increasing emphasis on community health during the last decade and this trend must continue. There must eventually be more emphasis on applied public health nutrition research and dietitians and nutritionists are going to have to get out there and do it. This means encouraging, not making it more difficult for, young members of the profession to engage in research and to become better qualified. In many ways, young graduates are the most squandered resource in human nutrition in Australia.

Dietitians in particular have not been known for their tolerance of diversity within their own ranks. They must spend more time attempting to do what may seem impossible but is very important if a National Nutrition Policy is to be achieved. They must, on the one hand, be willing to tolerate diversity, to evaluate what they are doing and to consider unconventional strategies. On the other hand, they must also be able to achieve a consensus of opinion about a given issue at any point in time. An important issue for human nutritionists is the development of a mechanism which will allow them to do this.

(c) Politicians and governments

At the moment there does not appear to be any serious interest among politicians in nutrition generally, let alone in formulating a policy. Certainly, little can be expected from the current federal government.

Within government, the cumbersome structure of the National Health and Medical Research Council makes it very difficult to act even when a committee is able to achieve a consensus. The Nutrition Committee itself has had a difficult time in recent years. Reinstated as a Standing Committee during the Whitlam Government, it had few resources available to it except the hard working but severely depleted Nutrition Section of the Australian Department of Health, the upper echelons of which have no serious interest in nutrition. Beyond the Nutrition Committee lies the Public Health Advisory Committee through which the states can seriously hamper the implementation of public health policies at a national level.

Politicians seem either unwilling or unable to devise a better decision-making mechanism. Public servants are more interested in maintaining their own power structure in which, at the moment nutrition has a very small place.

It is important to continue to communicate with politicians and public servants at both the state and federal levels. We must seek out the politicians who have some understanding of the issues involved and work with them. What nutrition is Australia needs is one or two politicians who are prepared to understand the problems and to articulate them in the political arena as Senators Robert Kennedy and George McGovern did in the U.S.A. I do not know whether politicians willing to do that exist in Australia but I am sure that we have not really tried to find them yet.

(d) The food industry

This group, in which I include producers, manufacturers and retailers, is diverse and has considerable political influence. They are essentially conservative and view even the discussion of a National Nutrition Policy with suspicion as it may mean more regulation and /or a loss of sales for some (Greathead 1978). They have in the past, and can be expected to do so in the future, frequently resorted to the argument that nothing should be done until we are absolutely sure of the efficacy of a particular policy. What they fail to acknowledge is that there has been practically no discussion of the desirability of the changes in food habits, in which they have been particularly important agents of change, which have occurred in the last thirty years.

I do not think we can expect too many initiatives from the food industry with respect to a National Nutrition Policy. In fact, one representative of the industry has said just that (Greathead 1978). However, if they eventually perceive it to be in their interest, they may cooperate. The most important contribution they can make at the moment is to participate, including provision of financial resources, in a mass nutrition education campaign. If they are not prepared to do that by, for example, placing a voluntary levy on all food advertising expenditure then we must appeal to governments and the public to do it for us for, at the moment, the media, which are needed to mount a nutrition education campaign, are available to advertisers but not to educators.

Thus, we cannot expect initiatives for a National Nutrition Policy to come from the medical profession in general, who are more interested in public illness than in public health; they will not come from politicians in the absence of public pressure; and they will not come from the food industry who are more interested in maintaining the status quo and avoiding government regulations than in the health of the consumers.

The initiatives must come, as has happened recently, from nutritionists. But they can not hope to do it by themselves. They must do it by appealing to, and cooperating with, the fifth constituency listed above - the consumer.

(e) The consumer

This is the constituency to whom we have the greatest obligation and from whom we can expect the greatest return. They are showing unprecedented interest in nutrition as evidenced by their desire for nutrition information and their anxiety about the bewildering array of food products on the market. The consumer is a potential ally whom so far we have cultivated very little, if at all, and when we have attempted to, have done it in a very inadequate way.

The reason we have done it so infrequently is that up till recently, because we have adopted the role model set by another group, we have concentrated on clinical nutrition.

The reason we have done it so poorly is because we are using an inadequate framework to communicate with the public and have been handicapped by having access to so few resources.

III. COMMUNICATING WITH THE CONSUMER

The framework we have used up till now to communicate with the public about food and nutrition has been the Five Food Groups - a concept imported from the U.S.A. after World War II. In 1976 we surveyed more than 800 women in Sydney to obtain information about their food and nutrition knowledge and beliefs. Only a little over half of the sample had heard of food groups (Heywood 1979a). If an attempt had been made to determine what people understood by the term food groups it is almost certain that the response would have been lower. Indeed, Jeffries (1978) found that only one-third of a sample of women in a Canberra suburb had heard of the "Basic Five" food group concept and less than one-quarter could name any of the food groups correctly. A dismal result after 20 years of nutrition education effort using the "Food Groups" structure! And yet not all that surprising. We are attempting to provide information about foods manufactured and consumed in the 1970's and 1980's in terms of a nutrition education structure devised 20 years ago. Many professional nutritionists believe that we should communicate with the public in terms of food, not nutrients, and to a large extent the food grouping system is based on this belief. But the food group system was devised at a time when some of the current nutrients had not been discovered, or if they had, their function and food sources were still unclear. Today many advertisements for food products (for animals and humans) make explicit reference to nutrients.

And yet it is also clear that people are confused about nutrients. I want to illustrate this by reference to the results for energy from the sample of Sydney women referred to above (Heywood 1979 b).

The women were asked whether they believed calories, protein, fat and carbohydrate to be present in various foods. The results are shown in Table 1.

TABLE I. Beliefs of a sample of Sydney women about presence of calories and nutrients in various foods.

Calories/nutrients*	Proportion answering "Yes" (%)			
	Milk	Beef	Bread	Peas
Calories	31.5	37.2	68.3	33.7
Protein	54.2	81.7	34.1	21.3
Fat	53.1	54.2	25.3	5.3
Carbohydrate	17.3	16.9	77.3	31.7

*Women questioned as to their presence in the foods named
From Heywood (1979b)

Some people believe protein and fat but not energy to be present in foods. Over half of this sample believed fat to be stored in the body but only one-third believed calories were; more than 90% believed calories to be important in weight control but only one-third believed calories were stored in the body.

This example illustrates the great confusion surrounding a concept crucial to public understanding of an important public health problem in Australia. Clearly we need a better way of communicating

with people about food and nutrition. We must start from what the consumer already knows and perceives and not from what the nutritionist "feels" or believes about the consumer. It will require a lot of work and the skills of people outside nutrition. However, it is essential that we do it if we are to enlist the help of the consumer in our attempts to get a National Nutrition Policy which will, or should, fail if it is not ultimately of benefit to them.

Food energy also provides an example of the difficulty of mounting a cooperative campaign. The decision by Australia to convert to the International System of Units involved a change in the units in which energy is expressed from the calorie to the joule and provided an opportunity for a campaign to not only explain the change in terminology but also to promote better public appreciation of the principles of nutrition. This opportunity was lost as a result of the paralyzing combination of lack of interest by governments in consumer education generally; the conservative approach taken by the food industry whose current use of the term energy is founded on a deliberate ambiguity; and the hesitation of nutritionists to take the initiative and step outside the comfortable certainties of the familiar.

IV. CONCLUSION

We will not get a National Nutrition Policy unless nutritionists continue to take initiatives and accept the challenge to understand the nutritional perceptions and concerns of the consumer, to communicate with all groups in a way which they can understand, to become much more actively involved in research (in finding out what it is we need to say and how to say it), and to show a lot more zest for the political process.

That is necessary, but it is not sufficient. Other groups must accept challenges as well.

For the medical profession, the challenge is to understand an area they have usually ignored.

For politicians and government, the challenge is to take an active interest in an important aspect of peoples' lives and to move beyond narrow sectoral concerns.

For the food retailer, the challenge is to provide information for consumers at the point of purchase.

For the food industry, the challenge is to go beyond brand-specific advertisements and narrow self-interest to active collaboration with one another, government and nutritionists to provide the consumer with a background of information against which they can understand food and nutrition and their relationship to health.

For the consumer, the challenge is to demand that governments, industry and health professionals become more concerned with public health.

If nutritionists continue to take the initiative and keep these challenges alive we will get a National Nutrition Policy - it will not come overnight, but it will come - which is of benefit to consumers, the people for whom, although it is sometimes forgotten, a National Nutrition Policy is all about.

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