The development of food and nutrition policy in Australia, with special attention to the State of Victoria

John Powles*, Mark Wahlqvist**, Jane Robbins***, Christopher King*** and Neville Hicks***

*Department of Social and Preventive Medicine, Monash Medical School, Commercial Rd, Prahran, Victoria 3181; **Department of Medicine, Monash Medical Centre, Prince Henry's Hospital, St Kilda Rd, Melbourne; ***Department of Community Medicine, University of Adelaide Medical School, North Terrace, Adelaide 5000, Australia.

Introduction
The purpose of this paper is to outline the evolution of food and nutrition policy in Australia with particular attention to the state of Victoria. Many of the developments recounted occurred in the early to mid 1980s. Since that time the accumulation of balance of payments and financial difficulties has led Australian governments to adopt ever more defensive postures. The ultimate fate of policies that are not directly connected to the struggle for economic survival remains uncertain.

This paper attempts to provide both a general historical context for the development of food and nutrition policies at a national level and a detailed analysis of a specific initiative at state level.

The text divides into 2 parts; an introductory part providing background to developments in Australia and a second part dealing with developments in Victoria.

Australia

Australia is a highly urbanized (86%) medium sized industrial country. For each of its 16 million inhabitants there are approximately 30 hectares of farm land, but only 1.2 of these are cultivated for crops. Only 6% of the workforce is engaged in farming. Australian farming is highly efficient in its use of labour but much of the land is relatively unproductive. Enough food is produced to feed around 35 million people — more than half of them overseas.

Food has historically been cheap; only recently has it become varied. A 'traditional' diet reflecting Anglo-Celtic food preferences and typically including large quantities of meat, has been substantially modified over the past couple of decades by immigration and cosmopolitanism. 21% of Australians are foreign-born and an increasing use of Mediterranean and Asian foods has been apparent.

Government

Australia has a federal system of government with 6 states and 2 territories. At the Commonwealth level the Liberal and National (Country) parties were in government from late 1949 to 1972 and again from 1975 to 1983. From 1972 to 1975 and again since 1983 the Australian Labor Party has been in government. Policy-making in food and nutrition has not escaped the difficulties which generally characterize decision making in Australia's system of government. The constitutional constraints which shape the division of power between Federal and State governments create a policy-making environment which is extremely complex, particularly where an inter-sectoral approach is required. Australian State governments have their own departments of Health and Agriculture, whilst the Federal government also has a Department of Community Services and Health (DCSH) and a separate Department of Primary Industries and Energy. Customs, import and tariff decisions are the exclusive jurisdiction of the Federal government. A third tier, local government (constitutionally controlled by State parliaments), may impinge on food and nutrition issues through its responsibility for food hygiene and sanitation inspection. The relationship between the governments is a complicated arrangement of powers, dominated by Federal control of finances but dependent on State cooperation to implement programs at local level. Most food producer groups have organized representation at both State and Federal level. State governments have legislated to establish various Boards with statutory powers to regulate the production and sale of individual products, such as potatoes or eggs, whilst other products, most notably wheat, have been regulated on a national level where the recent direction of policy has been de-regulatory.

Individual States are responsible for the development and implementation of their own health policies, including responsibility for hospitals. However, since the Second World War the maintenance of health services has become heavily dependent on federal funding, with special grants to the states for community health and health promotion services, so to that extent the National

Background paper for the First European Conference on Food and Nutrition Policy, Budapest, October 1-5, 1990.

An abstract of this paper appears on page 59.
Table 1. Levels of government involvement in food and nutrition; a Victorian perspective

<table>
<thead>
<tr>
<th>Department</th>
<th>Effective body</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Community Services and Health</td>
<td>Better health, better health program (also coordinates involvement of the states)</td>
<td>Nutrition components of national health promotion program (see Fig 2)</td>
</tr>
<tr>
<td>Business and Consumer Affairs</td>
<td>National Food Standards Council (also coordinates involvement of the states)</td>
<td>Food standards and regulations</td>
</tr>
<tr>
<td>Primary Industries and Energy</td>
<td>Primary produce marketing including export standards</td>
<td></td>
</tr>
<tr>
<td>Treasury</td>
<td>Industries Commission</td>
<td>(de) Regulation of food standards</td>
</tr>
<tr>
<td>State of Victoria Cabinet</td>
<td>Intergovernmental Committee on Food and Nutrition</td>
<td>Coordination of policy related to food and nutrition</td>
</tr>
<tr>
<td>Health (HDV)</td>
<td>Food Unit (HDV)</td>
<td>Coordination of policy related to food and nutrition within HDV</td>
</tr>
<tr>
<td>Agriculture and Rural Affairs (DARA)</td>
<td>Food Unit (DARA)</td>
<td>Coordination of policy related to food and nutrition within DARA, especially in relation to food safety (pesticide residues)</td>
</tr>
<tr>
<td>Education</td>
<td>Research and development</td>
<td>Development of production systems for leaner livestock</td>
</tr>
<tr>
<td>Industry, Technology and Resources</td>
<td>Regulations Review Unit</td>
<td>(de) Regulation of food standards</td>
</tr>
<tr>
<td>Local government (varies by state)</td>
<td>Health surveys</td>
<td>Inspection especially of retail outlets and local education</td>
</tr>
</tbody>
</table>

The first table of recommended dietary allowances was issued by the NH & MRC in 1954, based heavily on that of the American National Research Council. In 1970 a further document was produced which was essentially an interpretation of FAO-WHO reports. These recommendations have been revised recently and are published as Recommended Dietary Intakes for Use in Australia. Post-war affluence changed dietary habits. By the 1970s it was realized that dietary affluence had almost certainly contributed to the rise of cardio-vascular disease. The concomitant need for increasing expenditure on health services was a major concern.

The development of food and nutrition policy in Australia described as ‘the first national effort to change the basic direction of health policy in this country’. Its guidelines were to make recommendations on the promotion of a preventive approach to disease, and to suggest national health goals and priorities. The Commission established several specialist Task Forces to investigate specific areas of concern. One of these was a Nutrition Task Force. The report of the Commission, which appeared in 1986, strongly supported a significant national commitment to the promotion of better health and a new independent national body to provide leadership and to act as a focus for health promotion. The report of the Nutrition Task Force adopted a much more positive approach to food and nutrition policy and was notable not only for the quantitative objectives it established, but for the wider parameters it defined as the appropriate concern of nutrition policy. It set the following targets for the year 2000:

- to reduce the prevalence of overweight and obesity from 38% to 25%.
- to reduce the fat contribution to the Australian diet from 38% to 35%.
- to reduce the contribution of refined sugars to the total energy content of the Australian diet from 14% to 12%.
- to reduce to 5% the contribution of alcoholic beverages to the total energy content of the Australian diet.
- to increase the intake of breastfeeding at 3 months of life from 50% to 80%.
- to increase the dietary fibre content of the Australian diet from 17 grams per day to 30 grams per day.

Quantitative goals of this kind were new but the Commission shied away from pursuing them by interventionist or structural means. It merely recommended that Australian governments should take measures to assure through the supply system and nutrition education, the increased intake of foods high in nutrients, the decrease in industrialization and the increase in consumer interest. The division of powers not only constrains intersectoral decision-making at a national level, but also creates an additional element of intergovernmental tensions and jealousies, particularly over funding issues. At a more fundamental level it reflects characteristics of Australian political culture which are not particularly favourable for government intervention in the economy—the objective is to improve health. (There is considerable government intervention for other purposes, although much of that is now seen as a challenge with the resurgence of laissez faire ideology.)

The political economy of food and nutrition

Australian governments have been described as having a charac-
teristic talent for bureaucracy which leads to an accept-
ance of a wide role for government. However, closer analysis reveals that, rather than a general rule, this tendency is limited to certain well-defined patterns.
government also has influence. Several State governments have considered the concept of an integrated approach to food and nutrition policy. Victoria having taken the most active steps to follow this through. One of the impediments to such action is that no single authority controls all the decision-making powers necessary for a properly integrated programme. The involvement of different levels of government in food and nutrition matters in Australia, from the perspective of the State of Victoria, is set out schematically in the Table.

Despite its lack of constitutional authority, the Federal government has had a longstanding involvement in the development of national advice. It established the National Advisory Council on Nutrition (1936–8) to foster the general nutrition of the rising generation and to correct ‘faulty dietary habits in general by the publication of sound propaganda’. This body was mainly concerned with the kind of nutrition issues exacerbated by the Depression years, giving emphasis to problems of under-nutrition. In 1970 it was taken up by the National Health and Medical Research Council (NH & MRC) (1937), which established specialist advisory committees on which all States and Territories are represented. There is no obligation for State governments to follow the advice that is offered.

The first table of recommended dietary allowances was issued by the NH & MRC in 1954, based heavily on that of the American National Research Council. In 1970 a further document was produced which was essentially an interpretation of FAO–WHO reports. These recommendations have been revised recently and are published as Recommended Dietary Intakes for Use in Australia. Post-war affluence changed dietary habits. By the 1970s it was realized that dietary ‘affluence’ had almost certainly contributed to the rise of cardio-vascular disease. The concomitant need for increasing expenditure on health services became concern.

In 1979 the Federal Department of Health (as it then was) took a significant step in Syria that announced the ‘food and nutrition policy’. The most significant component was a set of dietary guidelines which, although not quantitative, recognized the dietary contribution to chronic disease as the main area of concern. These were:

* increase breastfeeding
* provide nutrition education on a balanced diet for all Australians
* reduce the prevalence of obesity
* decrease total fat consumption
* decrease refined sugar consumption
* decrease consumption of complex carbohydrates and dietary fibre, ie wholegrain cereals and vegetables and fruits
* decrease alcohol consumption
* decrease salt consumption

These guidelines, together with the tables of recommended dietary intakes, formed the basis of food and nutrition policy throughout the 1980s and have been accepted by Commonwealth, State and Territory governments. During the past few years the State governments have organized various education campaigns, issuing leaflets and information to raise the level of nutritional awareness in the community. The educational model supported by the Commonwealth Department of Community Services and Health (CDSCH) expresses recommendations in terms of number of servings per day from each of 5 food groups:

* breads and cereals (4 servings)
* vegetables and fruit (4 servings)
* meat and meat substitutes (1 serving)
* milk and milk products (300 ml for adults, 600 ml for children, pregnant and lactating mothers)
* butter or table margarine (1 tablespoon each day).

Whilst the intention of these campaigns has been to influence the dietary habits of the Australian population through improved nutrition education, the restricted resources available for them have limited their potential impact and their effectiveness has never been properly assessed. Governments have, until recently, been reluctant to move beyond the role of educator: past exceptions, such as the provision of free milk to schoolchildren, point to the limits of producer interests.

Nutritional surveillance has also been limited. A national diet survey of 1983 was the first of its kind since 1943. Heavy reliance has had to be placed on food disappearance data.

Recent health trends and the Better Health Commission

Despite impressive gains in longevity over the past two decades, Australians continue to suffer substantial avoidable ill-health from diet-related causes. The gains that have occurred (particularly the substantial decline in mortality from ischaemic heart disease) came about largely without the assistance of sustained and coherent public programs aimed at altering relevant dietary practices. As in other Western industrial societies an average of around 40% of dietary energy continues to come from fat. In 1985 the Federal Minister for Health announced the establishment of the Better Health Commission which he described as ‘the first national effort to change the basic direction of health policy in this country’. Its guidelines were to make recommendations on the promotion of a preventive approach to disease, and to suggest national health goals and priorities. The Commission established several specialist Task Forces to investigate specific areas of concern. One of these was a Nutrition Task Force.

The report of the Commission, which appeared in 1986, strongly supported a significant national commitment to the promotion of better health and a new independent national body to provide leadership and to act as a focus for health promotion. The report of the Nutrition Task Force adopted a much more positive approach to food and nutrition policy and was notably not only for the quantitative objectives it established, but for the wider parameters it described as the appropriate concern of nutrition policy. It set the following targets for the year 2000:

* to reduce the prevalence of overweight and obesity from 38% to 25%
* to reduce the fat contribution to the Australian diet from 38% to 35%
* to reduce the contribution of refined sugars to the total energy content of the Australian diet from 14% to 12%
* to reduce by 5% the contribution of alcoholic beverages to the total energy content of the Australian diet
* to increase the level of breastfeeding at 3 months of life from 50% to 80%
* to increase the dietary fibre content of the Australian diet from 17 grams per day to 30 grams per day.

Quantitative goals of this kind were new but the Commission shied away from pursuing them by interventionist or structural means. It merely recommended that Australian governments support the change in the food supply through nutrition education and ‘increased liaison between health, industry, education and consumer bodies’. These recommendations appear to have played no important role in the subsequent development of policy.

There are many explanations for this attitude. Partly it reflects the organization of the system of government. The division of powers not only constrains intersectoral decision-making at a practical level, but also creates an additional element of intergovernmental tensions and jealousies, particularly over funding issues. At a more fundamental level it reflects characteristics of Australian political culture which are not particularly favourable for government intervention in the economy. The objective is to improve health. (There is considerable government intervention for other purposes, although much of that is now a challenge with the resurgence of laissez faire ideology.)

The political economy of food and nutrition

Australians have been described as having a 'characteristic talent for bureaucracy' which leads to an acceptance of a wide role for government. However, closer analysis reveals that, rather than a general rule, this tendency is limited to certain well defined patterns.
Australia’s welfare services are not as extensive as those of the UK or the Scandinavian countries, and the history of public sector activity in the provision of health services has been marked by a slow and uneven expansion. Public insurance for doctors and hospital fees has been a controversial political issue and a high proportion of doctor’s consultations still take place as ‘private’ transactions. With such basic principles as these in contention, the more radical step of subordinating agricultural or economic priorities to that of nutrition, even with health benefits, could be expected to prove too much for present political leaders.

Perhaps the best known model of interventionist food and nutrition policy in Western Europe is Norway. Comparing Australian economic conditions and food production organization with those which were considered conducive to inter-sectoral, structurally interventionist policy for better nutrition, a number of similarities become apparent. Australia relies very little on imported food. In Norway nutritional objectives were harnessed to strategies designed to boost the domestic contribution to the nation’s food consumption. In other words, farmers and processors would look favourably on such strategies because they not only improved nutrition but also offered greater opportunities for expanding their industries. Government support now provides the half of the income of Norwegian farmers. 

Food and trade policy

Whilst the specific techniques of the Norwegian model are not appropriate for Australia, it does provide some useful insights which can be used to good advantage in formulating future policies for specific Australian circumstances. For example, nutritional objectives are more successfully achieved if consumers are told where the result involves some incentive for producers. If this is applied as a principle, opportunities can be sought which fit the local situation. For example, whilst Australia has a relatively comfortable fish stock, its imports up to 70% of fish consumed.62 There may be a possibility of exploiting such a fact to the advantage of both nutritional and agricultural concerns. Even the network of research centers and universities referred to below may offer useful opportunities for the improvement of both nutrition and trade if understood correctly. A consideration of the agribusiness complex suggests possibilities for the deliberate exploitation of market niches; lean beef production, for example, rather than direct confrontation with American fat beef exports. An Australian government wishing to reduce the amount of saturated fat consumed domestically might also be able to devise a strategy which takes advantage of the growing tendency for agribusiness to control food production from field through to shelf or container ship, including retailing and nationalization of market.

Australian governments have been cautious in developing an active role in food and nutrition policy, but there are signs that attitudes may be about to change. The Victorian Government set a target for the state in 1983.

People and government in Victoria

Car number plate in Victoria proclaim it to be the ‘garden state’ of Australia. It is the second most populous state with a little over one quarter of the national population and around one fifth of the manufacturing industry. The leading primary product exports are wool, dairy products, wheat and beef. The Australian Labor Party has been in office since 1982. Few, if any, observers now expect it to survive the next election, due 1992.

The development of food and nutrition policy in Victoria

Before the early 1980s, there was in Victoria, as elsewhere in Australia, little sense of direction for public action to reduce ill-health attributable to inappropriate diet. Nutrition education was not focused on simple messages aimed at reducing chronic disease. There was no framework within which health-related recommendations for changes in food consumption could be reconciled either with the interests of food producers or with the government’s own policies bearing on food production and marketing and knowledge of the official dietary guidelines, as such, was low though there was an increasing awareness of their general message. There was also a tradition of resistance on the part of producer organizations in meat and dairy industries to recommendations to reduce animal fat intake and farmers were not closely represented in the state government. The production of margarine within Victoria was effectively banned. The opportunity for change came with a change of government in March, 1982.

Immediate precursors to the Food and Nutrition Policy.

It is worth considering the dynamics of the initial step towards introducing a policy. The government’s ‘quality living’ program, public funds were ‘ousted’ to a Steering Committee to pursue food and nutrition activities in accord with agreed terms of reference. The fundamental difference was introduced by the Australian Nutrition Foundation, Victorian Division (a voluntary organization encompassing nutrition researchers, practitioners and representatives from the food industry). More recently, administration has been shifted to the Department of Human Nutrition at Deakin University.

History of the Victorian Food and Nutrition Policy.

Despite the fact that the policy proposals in Making Healthy Choices Easy Choices: Towards a Food and Nutrition Policy for Victoria were often vague and poorly operationalized, they provoked considerable opposition from producer interests. As a result it took 2 years before state cabinet finally agreed to a policy in March 1987.

Following the publication of Making Healthy Choices Easy Choices: Towards a Food and Nutrition Policy for Victoria, the Victorian Government was held with interested parties such as plant product producers, animal product producers, food processors, dietitians, school teachers and medical practitioners. The VFGA was invited to participate.

The animal products lobby objected to the lack of consultation before the policy document was produced and raised objections to the identification of ‘unhealthy’ foods in the discussion paper. Where the policy advocated a reduction in the frequency Victorian Farmers and Graziers Association (VFGA) saw as a recommendation to cut consumption of red meat.25 The VFGA was particularly piqued to discover that the government was proceeding with the activity outlined in the document one such being the promotion of the consumption of fresh fruit and vegetables. The Victorian Employer’s Federation (VEF) expressed the concerns of the private sector regarding a policy which at this stage appeared to smack of state socialism and to be representative of bureaucracy and over subscribed.26 They claimed that policy proposals were in conflict with the government’s ‘dereregulatory’ economic policy; they claimed that the policy proposals would unbalance the Victorian Food and Nutrition Council (encompassing Health, Education, Agriculture and Consumer Affairs as well as producer and professional interests).
Australia’s welfare services are not as extensive as those of the UK or the Scandinavian countries, and the history of public sector activity in the provision of health services has been relatively modest in comparison to other societies, even within the region. Public insurance for doctors’ and hospital fees has been a controversial political issue and has high proportion of doctors taking place as private transactions. With such basic principles as these in contact, the more radical step of subsidizing agricultural or economic priorities that to that of nutrition, even with health and nutrition, could not be expected to gain easy approval.

Perhaps the best known model of interventionist food and nutrition policy in Norway is the Norwegian Agrarian Adjustment Policy. Comparing Australian economic conditions and food production organization with those which were considered conducive to inter-sectoral, structurally interventionist policy for better agricultural and dietary conditions. Even the network of ‘collusive, cartels and lobby organizations’ referred to by Gruen may present useful opportunities for the improvement of both nutrition and trade under the networks. The most lucrative products it imports up to 70% of fish consumed. There may be a possibility of exploiting such a fact to the advantage of both nutritional and agricultural concerns. The network of food producers, wholesalers and retailers of food may be important for the deliberate exploitation of market niches; lean beef production to Japan, for example, or direct clearing of Australian meat exports.

The Norwegian policy presumed that commodities which were sold on the international market were too difficult to limit in terms of prices, even domestically, because of the necessary price determinants. Moreover, according to economists such as Olson and Gruen, the Australian economy is dominated by powerful special interest groups which have built up dense networks of collusive, cartelistic and lobby organizations, serving to reduce economic efficiency and dynamism. Sargent has described the development of the ‘government as an octopus’; large industrial conglomerates exercising considerable control over what food is produced and for what price it is sold. Given this situation, it is surprising that the Victorian Council of Australia, a body which represents businesses responsible for the processing and distribution of approximately 90% of all foods marketed, announced a food policy in 1983 which included the following points:

- Each Australian has, and must always have, the right to eat or drink as he or she chooses.
- People’s dietary habits should not be controlled by regulation but may be shaped and reshaped from the process of a publicly funded comprehensive national nutritional education program.

Philosophies such as these must be regarded as impediments to anything more than an educational role for Australia’s food policy. However, it would be unnecessarily pessimistic to suggest that it was impossible to develop beyond this. Governments have been considering comprehensive agricultural, nutrition, and health policies since 1980. In Victoria a more structural approach to food policy has evolved (see below).

The development of food and nutrition policy in Victoria

Before the early 1980s, there was in Victoria, as elsewhere in Australia, little sense of direction for public action to reduce ill-health attributable to inappropriate diet. Nutrition education was not focused on simple messages aimed at reducing chronic disease. There was no framework within which health-based recommendations for changes in food consumption could be reckoned with the interests of food producers or with the government’s own policies bearing on food production and marketing and knowledge of the official nutritional guidelines, as was low though there was an increasing awareness of their general message.

There was also a tradition of resistance on the part of producer organizations in meat and dairy industries to recommendations to reduce animal fat intake and farmer organizations in the state government. The production of margarine within Victoria was effectively banned. The opportunity for change came with a change of government in March, 1982.

Immediate precursors to the Food and Nutrition Policy

It is worth considering the dynamics of the initial steps in that recommended in the document while the government was receiving submissions and determining its policy. The Director of the HPU was essentially a "nutrition interpreter" — not a public servant — and it was on her initiative that the Project was not set up within the state public service. Instead, following the model developed by the Assistant Commissioner of the Australian Nutrition Foundation, Victorian Division (a voluntary organization encompassing nutrition researchers, practitioners representing the food industry). More recently, administration has been shifted to the Department of Human Nutrition at Deakin University.

History of the Victorian Food and Nutrition Policy

Despite the fact that the policy proposals in Making Healthy Choices Easy Choices: Towards a Food and Nutrition Policy for Victoria were often vague and poorly operationalized, it provoked considerable opposition from producer interests. As a result it took 2 years before state cabinet finally agreed to a policy in March 1987.

Following the publication of Making Healthy Choices Easy Choices: Towards a Food and Nutrition Policy for Victoria, the Victorian Government was well informed about the need to deal with nutrition issues and food policy developments. It was held with interested parties such as plant product producers, animal product producers, food processors, dieticians, school teachers and medical practitioners. These led to engaged discussions with food producers and food processors that were particularly vigorous.

The animal products lobby objected to the lack of consultation before the policy document was produced and raised objections to the identification of ‘unhealthy’ foods in the discussion document. Where the policy advocated a reduction in fat, Victorians were disappointed. The Victorian Food and Nutrition Advisory Group (VFNAG) sat as a recommendation to cut consumption of red meat. The VF&GA was particularly piqued to discover that the government was proceeding with the activity outlined in the document one such as promoting the consumption of fresh fruit and vegetables.

The Victorian Employer’s Federation (VEF) expressed the concerns of the private sector regarding a policy which at this stage appeared to smack of state socialism and to be representative of bureaucratic and second-hand expertise. They claimed that the policy proposals were in conflict with the government’s ‘deregulatory’ economic policy; the modus operandi of the Project Steering Committee was the viability of trade marks and advertising was threatened; and that while the economic costs of the policy could well be considerable, the benefits had only been established in the vanguard of health scares. They were later joined by concerted protests made by the beef industry to the Department of Agriculture and Rural Affairs (DARA). The VEF pointed out that while the document may have
represented the views of the DARA, there was no representation or involvement from the private sector in the development of these policies. The VEP complained that despite the recommendation that a Food and Nutrition Council of representatives from interested groups be established, the structure of the Council which was proposed appeared to have a predominance of government representation and an underrepresentation of producers, manufacturers, marketers and nutritional experts (by which they meant supposedly nutritional experts more acceptable to industry).

Discussion did lead to the construction of some bridges. With the meat producers a critical linkage was provided by basic researchers working on the fat composition and health effects of lean meat and by animal production researchers working on the feasibility and economics of producing and marketing leaner animals. 'Stirring the pot' with food producers and processors also served to bring some issues to the surface — whether, for example, waste carcass fat removed in boning rooms did or did not find its way back into the food chain as a component of 'manufacturing margarine'. A mystery still unsolved!

A cabinet reshuffle after the Labor government was returned in the elections of March, 1985 produced ministers with no prior commitment to the policy. The new Health Minister (David White) had a reputation as an 'economic rationalist' and as a strong administrator whose major assignment was to bring a perceived 'hospital crisis' under control. The new Minister for Agriculture and Rural Affairs (Evan Walker) turned out to be much more sensitive than his predecessor to his standing with well organized rural producer groups.

Industries lobbying with the Australian Nutrition Foundation (at a national level) was followed by the withdrawal of the State Division of the Foundation from the Steering Group and its replacement by the Institute of Human Nutrition at Deakin University, near Geelong. The Foundation, at a national level, saw the Victorian program as detrimental to its aim of achieving a 'national Food and Nutrition Policy based on cooperation between government, health professionals, educators, the food industry and consumers'.

As a consequence of comments from all sources, 'making healthy choices, easy choices' was redrafted (mostly by J.P.) and considerably expanded, especially in the area of economic concerns. From about 12 pages it grew to around 80. The document began to be circulated back and forth between the Health and Agriculture ministries, mainly at the level of ministerial advisers; the Health advisers being enthusiastic and the Agriculture advisers being critical and negotiating for change in the document. At this stage those who had been involved in the redrafting had clearly lost control of the document. The next contact made with Project staff was when it was returned with a request that a journalist condense and simplify it. This process generated a number of drafts with the assistance of a public servant in Health who was also a member of the Labor Party Health and Welfare Committee.

The decision was made to locate the policy within the Government's Social Justice Strategy statement and to use much less technical language, in some places employing terms which are unpopular with some professional nutritionists, (e.g. 'balanced diet') and to use what was considered less confrontational language (e.g. 'a healthy promoting diet can still include foods that are traditionally considered less healthy — occasionally eating these foods does not mean an unhealthy diet'. The important thing is that people's usual food choices add up to a healthy balanced diet'.) At this stage of its development it was possible to have included material not previously in the document and to have virtually anything deleted. Some of the important influences in this phase were, an enthusiastic and persistent ministerial advisor in Health, a journalist, and a senior staff member in the Health Promotion Unit who refused to negotiate on the concept of dietary guidelines and the healthy diet pyramid (the latter serving, in the absence of quantitative dietary goals, to indicate the desired preponderance of fruit, vegetables and cereals). At the final, critical stage those discussing the document were not nutritionists or dieticians. This final committee had the title 'The Food and Nutrition Subcommittee of Cabinet and Caucus and Policy Committees for Agriculture, Health and Education'. The much revised, brief and rather general policy document was finally accepted by cabinet in March, 1987.

Current administrative arrangements
The central administrative proposal — the establishment of an Interdepartmental Committee on Food and Nutrition (IDC) with representation from Health, Agriculture and Rural Affairs, Education and Industry, Technology and Resources — was implemented in early 1988. Linkages between the committee, the consultative body and the implementation process are illustrated in Figure 1.

The IDC is chaired by a government backbencher and has 8 other members — 2 from Health, 2 from Agriculture and Rural Affairs, 1 from Education and 1 from Industry, Technology and Resources, plus Prof Kerin O'Dea (Deakin Institute of Human Nutrition) and Prof Mark Wahlqvist (Department of Medicine, Monash Medical School).

The Food and Nutrition Community Consultative Group has a broad composition but the same chairman as, and some cross-membership with, the IDC. Approximately 25 members come from farming, agricultural science, food technology, dietetics, nutrition, health promotion, consumer organizations, education and food processing and related areas. The two year terms of the first members of the Group have just expired and reappointments are now being made. The Health Department is designated as the 'lead government agency in the area of food and nutrition' and its Food Unit is responsible for coordinating policies and programs in the area. These include responding to draft proposals for national food standards issued by the National Food Standards Council. The Steering Committee includes representatives of the Departments of Health, Agriculture and Rural Affairs, and Education plus a representative of the Deakin Institute of Human Nutrition. It directs the activities of the Food and Nutrition Program (Deakin Institute of Human Nutrition), which is the implementation body for the Food and Nutrition Policy.

The 1987 Tobacco Act and the Victorian Health Promotion Foundation (VHPP). The resources available for...
represented the views of the DARA, there was no representation or involvement from the private sector in the development of these policies. The VEF complained that despite the recommendation that a Food and Nutrition Council of representatives from interested groups be established, the structure of the Council which was proposed appeared to have a predominance of government representation and an underrepresentation of producers, manufacturers, marketers and nutritional experts (by which they meant supposedly nutritional experts more acceptable to industry).

Discussion did lead to the construction of some bridges. With the meat producers a critical linkage was provided by basic researchers working on the fat composition and health effects of lean meat and by animal production researchers working on the feasibility and economics of producing and marketing leaner animals. 'Stirring the pot' with food producers and processors also served to bring some issues to the surface — whether, for example, waste carcass fat removed in boning rooms did or did not find its way back into the food chain as a component of 'manufacturing margarine'. A mystery still unsolved.

A cabinet reshuffle after the Labor government was returned in the elections of March, 1985 produced ministers with no prior commitment to the policy. The new Health Minister (David White) had a reputation as an 'economic rationalist' and as a strong administrator whose major assignment was to bring a perceived 'hospital crisis' under control. The new Minister for Agriculture and Rural Affairs (Evan Walker) turned out to be much more sensitive than his predecessor to his standing with well organized rural producer groups.

Industry lobbying with the Australian Nutrition Foundation (at a national level) was followed by the withdrawal of the State Division of the Foundation from the Steering Group and its replacement by the Institute of Human Nutrition at Deakin University, near Geelong. The Foundation, at a national level, saw the Victorian program as detrimental to its aim of achieving a 'national Food and Nutrition Policy based on cooperation between government, health professionals, educators, the food industry and consumers'.

As a consequence of the comments from all sources, 'making healthy choices, easy choices' was redrafted (mostly by J.P.) and considerably expanded, especially in the area of economic concerns. From about 12 pages it grew to around 80. The document began to be circulated back and forth between the Health and Agriculture ministries, mainly at the level of ministerial advisers; the Health advisers being enthusiastic and the Agriculture advisers being critical and negotiating for change in the document. At this stage those who had been involved in the redrafting had clearly lost control of the document. The next contact made with Project staff was when it was returned with a request that a journalist condense and simplify it. This process generated a number of drafts with the assistance of a public servant in Health who was also a member of the Labor Party Health and Welfare Committee.

The decision was made to locate the policy within the Government's Social Justice Strategy statement and to use much less technical language, in some places employing terms which are unpopular with some professional nutritionists, (e.g., 'balanced diet') and to use what was considered less confronting language (e.g., 'a health-promoting diet can still include foods that are traditionally considered less healthy — occasionally eating these foods does not make an unhealthy diet. The important thing is that people's usual food choices add up to a healthy balanced diet'). At this stage of its development it was possible to have included material not previously in the document and to have virtually anything deleted. Some of the important influences in this phase were, an enthusiastic and persistent ministerial advisor in Health, a journalist, and a senior staff member in the Health Promotion Unit who refused to negotiate on the concept of dietary guidelines and the healthy diet pyramid (the latter serving, in the absence of quantitative dietary goals, to indicate the desired preponderance of fruit, vegetables and cereals). At the final, critical stage those discussing the document were not nutritionists or dietitians. This final committee had the title 'The Food and Nutrition Subcommittee of Cabinet and Caucus and Policy Committees for Agriculture, Health and Education'. The much revised, brief and rather general policy document was finally accepted by cabinet in March, 1987.

Current administrative arrangements

The central administrative proposal — the establishment of an Interdepartmental Committee on Food and Nutrition (IDC) with representation from Health, Agriculture and Rural Affairs, Education and Industry, Technology and Resources — was implemented in early 1988. Linksages between the committee, the consultative body and the implementation process are illustrated in Figure 1.

The IDC is chaired by a government backbencher and has 8 other members — 2 from Health, 2 from Agriculture and Rural Affairs, 1 from Education and 1 from Industry, Technology and Resources, plus Prof Kerin O'Dea (Deakin Institute of Human Nutrition) and Prof Mark Wahlqvist (Department of Medicine, Monash Medical School).

The Food and Nutrition Community Consultative Group has a broad composition but the same chairman as, and some cross-membership with, the IDC. Approximately 25 members come from farming, agricultural science, food technology, dietetics, nutrition, health promotion, consumer organizations, education and food processing and related areas. The two year terms of the first members of the Group have just expired and reappointments are now being made. The Health Department is designated as the 'lead government agency in the area of food and nutrition' and its Food Unit is responsible for coordinating policies and programs in the area. These include responding to draft proposals for national food standards issued by the National Food Standards Council. The Steering Committee includes representatives of the Departments of Health, Agriculture and Rural Affairs, and Education plus a representative of the Deakin Institute of Human Nutrition. It directs the activities of the Food and Nutrition Program (Deakin Institute of Human Nutrition), which is the implementation body for the Food and Nutrition Policy.

The 1987 Tobacco Act and the Victorian Health Promotion Foundation (VHFF). The resources available for
health promotion activities in Victoria have been radically enlarged by the passage of an Act in November 1987 requiring that 5% of the wholesale value of tobbacco products be paid directly to a trust fund for the use of an independent Health Promotion Foundation. Of its annual budget of AUD 20m, at least 35% (currently AUD 74m) is committed to the sponsorship of sporting and cultural events. As this has primarily been a mecha-
nism for "buying out" tobacco company sponsorship of these events, most of the VHFP’s sponsorship contracts emphasize anti-tobacco themes. Many sponsorships, ranging from the Victorian Arts Centre’s Summer Music Festival to the Victorian Women’s Hockey Association, do however, have a nutritional theme and a substantial proportion of these sponsorships are managed through the Food and Nutrition Program.

How does VHFP sponsorship work? For a typical sponsorship managed through the Food and Nutrition Program (FNP), 75% of the funds go directly to the body being sponsored and 25% to the FNP for managing the sponsorship. The FNP will, with the aid of an advertising agency, seek to identify and exploit opportuni-
ties for promoting awareness of healthy food selection messages and will seek to associate the idea of a healthy diet with fun, success, fitness, culture etc. The resulting sponsorship contract will specify such things as: advertising on banners, programs and associated literature, approved catering arrangements, naming rights, permis-
able co-sponsors and the distribution of FNP excitement building promotional materials. A ‘paste up’ of illustrative materials from women’s cricket sponsorship is included as Figure 2.

Measures so far adopted by the Food and Nutrition Program

Research: tracing dietary behaviour in the target population. Notwithstanding the limited core budget, priority has been given to applied research in support of the programs. There is a full time research officer en-
gaged in the evaluation of programs, outside consultants have been employed and, most critically of all, a survey of nutritional attitudes and dietary practices in a prob-
ability sample of the Victorian population was carried out in 1985 and will be repeated in 1990. The survey employed a newly developed self-completing mailed food frequency questionnaire and, while highly cost efficient, is proving capable of yielding reliable measures of food intakes but also crude measures of nutrient consump-
tion and their distribution across the Victorian popula-
tion.6,9 (The Commonwealth Scientific and Industrial Research Organization’s Division of Human Nutrition in Adelaide has contributed significantly to this work.)

Education in schools and elsewhere. The most strate-
gically important achievement here has been the sys-
tematic revision of curricular materials for Victorian schools — from ‘prep’ to Year 12. This was accom-
plished through supporting the development of a curriculum development officer to the appropriate section of the Education Ministry. Not least because the position was paid for by the Project, but also because of the many valuable materials produced, the Education Ministry has been pleased to cooperate and, at least until recently, to incur its own costs by supporting the release of teachers for inservice training with the new materials. A further strategy aimed at achieving a cost-efficient ‘multiplier’ effect has been the production of a food and nutrition educator’s manual, designed for use by persons without specialized training in nutrition, including, for example, pharmacists, agricultural extension workers, school teachers and so on.

The search for ‘structural levers’: 1. Mass catering. A ‘Catering Improvement Program’ released in 1990 has been the outcome of a sustained and particularly suc-
cessful development process. This resource kit contains 2 videos (starring a popular television comedian), 2 manuals and 2 cookbooks and is aimed at food service personal. Much of the development work has been done in conjunction with the largest commercial caterer in Victoria (over 50% of the market). The initial trial in an electronics factory catered showed a very positive response by customers to the healthier meal options which were also heavily promoted as such in the canteen.

In later developments the explicit promotion, to the caterers units, of the ‘healthy’ nature of the alternative meals, has been deliberately played down. The ration-
ale: it was tending to reach mainly the already health conscious and to confirm a division between them and other canteen users. The aim now is to concentrate on the ‘unobtrusive’ promotion of dietary change via changes on the ‘provider’ side.

This program, on practical means of providing ‘healthy food’ catering, has been found to fill a real gap and is already being widely taken up both by commercial caterers and large employers, public and private.

The search for ‘structural levers’: 2. Primary produc-
tion and marketing. At a state level there has been limited progress on formal cooperation with agriculture to reduce the fat consumed. However, formal discussions surrounding the development of the policy have at least served to highlight the great scope for mutually advantageous action here. Lean animals are more efficient to produce, especially under Australian conditions.30 The fat content of red meat varies enor-
mously and need not be high.30 Consumers would prefer leaner meat. Retailers were not too keen.

Part of the reason for limited action in cooperation with DARA is that that ministry has been experiencing a very substantial reduction in funding and its officers accordingly have a ‘survival struggle’ on their hands. Practical measures that could aid the marketing of leaner meat, most importantly the introduction of carcass clas-
sification systems, have repeatedly been ‘derailed’ by other crises (such as the threatened loss of export markets from pesticide residues in beef fat). Despite all these difficulties the marketing environment for lean meat has been transformed over the last few years. The Australian Meat and Livestock Corporation (AMLC) is now concentrating heavily on marketing ‘leanness’ and is no longer evading the health issues related to fat consump-
tion.

A major 5 year research project is now underway in the city of Geelong (50 km from Melbourne) into the feasibility and effectiveness of ‘unobtrusive’ (i.e supply side) measures to reduce the intake of saturated fat from

**Figure 2. Victorian Health Promotion Foundation: ‘paste up’ of materials illustrating sponsorship of women’s cricket**
health promotion activities in Victoria have been radically enlarged by the passage of an Act in November 1987 requiring that 5% of the wholesale value of tobacco products be paid directly to a trust fund for the use of an independent Health Promotion Foundation. Of its annual budget of AUD 20 m, at least 35% (currently AUD 74 m) is committed to the sponsorship of sporting and cultural events. As this has primarily been a mechanism for "buying out" tobacco company sponsorship of these events, most of the VHF’s sponsorship contracts emphasize anti-tobacco themes. Many sponsorships, ranging from the Victorian Arts Centre’s Summer Music Festival to the Victorian Women’s Hockey Association, do, however, have a nutritional theme and a substantial proportion of these sponsorships are managed through the Food and Nutrition Program.

How does VHF sponsorship work? For a typical sponsorship managed through the Food and Nutrition Program (FNP), 75% of the funds go directly to the body being sponsored and 25% to the FNP for managing the sponsorship. The FNP will, with the aid of an advertising agency, seek to identify and exploit opportunities for promoting awareness of healthy food selection messages and will seek to associate the idea of a healthy diet with fun, success, fitness, culture etc. The resulting sponsorship contract will specify such things as: advertising on banners, programs and associated literature, approved catering arrangements, naming rights, permissible co-sponsors and the distribution of FNP branded materials. A ‘paste up’ of illustrative materials from women’s cricket sponsorship is included as Figure 2.

Measures so far adopted by the Food and Nutrition Program

Research: tracing dietary behaviour in the target population. Notwithstanding the limited core budget, priority has been given to applied research in support of the programs. There is a full time research officer engaged in the evaluation of programs, outcome consultants have been employed and, most critically of all, a survey of nutritional attitudes and dietary practices in a probability sample of the Victorian population was carried out in 1985 and will be repeated in 1990. The survey employed a newly developed self-completed mailed food frequency questionnaire and, while highly cost efficient, is proving capable of yielding reliable measures of food intakes but also crude measures of nutrient consumption and their distribution across the Victorian population. The Commonwealth Scientific and Industrial Research Organisation’s Division of Human Nutrition in Adelaide has contributed significantly to this work.)

Education in schools and elsewhere. The most strategically important achievement here has been the systematic revision of curricular materials for Victorian schools — from ‘prepp’ to Year 12. This was accomplished by supporting the secondment of a curriculum development officer to the appropriate section of the Education Ministry. Not least because the position was paid for by the Project, but also because of the many valuable materials produced, the Education Ministry has been pleased to cooperate and, at least until recently, to incur its own costs by supporting the release of teachers for inservice training with the new materials. A further strategy aimed at achieving a cost-efficient ‘multiplier’ effect has been the production of a food and nutrition educator’s manual, designed for use by persons without specialized training in nutrition, including, for example, pharmacists, agricultural extension workers, school teachers and so on.

The search for ‘structural levers’: 1. Mass catering. A ‘Catering Improvement Program’ released in 1990 has been the outcome of a sustained and particularly successful development process. This resource kit contains 2 videos (starring a popular television comedian), 2 manuals and 2 cookbooks and is aimed at food service personnel. Much of the development work has been done in conjunction with the largest commercial caterer in Victoria (over 50% of the market). The initial trial in an electronics factory canteen showed a very positive response by customers to the healthier meal options which were also heavily promoted as such in the canteen. In later developments the explicit promotion, to the caterers, of the ‘healthy’ nature of the alternative meals, has been deliberately played down. The rationale: it was tending to reach mainly the already health conscious and to confirm a division between them and other canteen users. The aim now is to concentrate on the ‘unobtrusive’ promotion of dietary change via changes on the ‘provider’ side.

This program, on practical means of providing ‘health-conscious’ catering, has been found to fill a real gap and is already being widely taken up both by commercial caterers and large employers, public and private.

The search for ‘structural levers’: 2. Primary production and marketing. At a state level there has been limited progress on formal cooperation with agriculture to reduce the fat consumed in the meat. However, discussions surrounding the development of the policy have at least served to highlight the great scope for mutually advantageous action here. Leaner animals are more efficient to produce, especially under Australian conditions. The fat content of red meat varies enormously and need not be high. Consumers would prefer leaner meat. Retailers want to win the fat out. Part of the reason for limited action in cooperation with DARA is that that ministry has been experiencing a very substantial reduction in funding and its officers accordingly have a ‘survival struggle’ on their hands. Practical measures that could aid the marketing of leaner meat, most importantly the introduction of carcass classification schemes, have repeatedly been ‘detailed’ by other crises (such as the threatened loss of export markets from pesticide residues in beef fat). Despite all these difficulties the marketing environment for lean meat has not been transformed over the last few years. The Australian Meat and Livestock Corporation (AMLC) is now concentrating heavily on marketing ‘leanness’ and is no longer evading the health issues related to fat consumption.

A major 5 year research project is now underway in the city of Geelong (50 km from Melbourne) into the feasibility and effectiveness of ‘unobtrusive’ (as supply side) measures to reduce the intake of saturated fat from

Figure 2. Victorian Health Promotion Foundation: ‘paste up’ of materials illustrating sponsorship of women’s cricket.
Better health, better life projects: A national round-up

**Better health, better life** will initially concentrate on five priority areas: controlling high blood pressure, better nutrition, preventable cancers, improving the health of older people and injury prevention.

In addition, the program will zero in on wider linkages, at ‘niche’ public policy and structural changes within health systems themselves.

(1) National projects

![BETTER LIFE PROGRAM](image)

A study of the ways in which taxes include in health promotion provisions on sales taxes on tobacco products, food products and the prices of healthy and unhealthy products. The study will look at the purchasing and consumption patterns and examine how these factors were taken into account in the taxation changes would have the greatest impact on health, with a possible subsequent program to educate the public and assist in the development and implementation of legislation on taxation issues. (Diana Scuff (09) 259 8397)

Food labelling

A study of the effectiveness of the food labels to improve nutrition and health practices. This study will examine the Department of Agriculture and Food's role in regulating the nutrition and health claims of food products. (Diana Scuff (09) 259 8397)

Consultancy for workforce services

A consultancy service to workers in health promotion, nutrition, health promotion practitioners, people with disabilities and community development. (Diana Scuff (09) 259 8397)

Multi-strategy nutrition intervention

A study of the effectiveness of the development of healthy food and nutrition policies. (Diana Scuff (09) 259 8397)

(2) New South Wales projects

![BETTER LIFE PROGRAM](image)

Food and nutrition strategy

Implementation of major aspects of a strategy already developed by the Victorian Premier and Nutrition Policy, Government of Victoria, 2002. (03) 626 7777

(3) Victorian projects

![BETTER LIFE PROGRAM](image)

Nourishment Nutritional assessment and planning for the elderly

A study of the advantages of community-based nutrition programs for the elderly. (Diana Scuff (09) 259 8397)

(4) Queensland projects

![BETTER LIFE PROGRAM](image)

Nourishment Nutrition project

A study of the relationship between low income nutrition and health outcomes for low income children and families in the Brisbane region. (Diana Scuff (09) 259 8397)

(5) South Australian projects

![BETTER LIFE PROGRAM](image)

School nutrition project

A study of the effectiveness of the school nutrition programs and the impact on student health outcomes. (Diana Scuff (09) 259 8397)

(6) Australian Capital Territory projects

![BETTER LIFE PROGRAM](image)

Marketing of healthier takeaway food

A study of the effectiveness of the marketing of healthier takeaway food. (Diana Scuff (09) 259 8397)

(7) Australian Capital Territory project

The marketing of healthier takeaway food

A study of the effectiveness of the marketing of healthier takeaway food. (Diana Scuff (09) 259 8397)

Conclusion

From Australia-wide perspective the achievements of the Victorian Food and Nutrition Policy are very encouraging. Not only has the Victorian government shown itself willing to sponsor health promotion programs of considerable sophistication but it has also been prepared to support food and nutrition policy objectives against competing policy priorities. At the same time the history of the policy's evolution reveals many of the complexities of the contemporary Australian political system.

All federal systems establish spheres of jurisdiction and State/Federal divisions of power obviously constrained the Victorian government's options in its search for structural leverage. Many of the most powerful economic tools are Federal responsibilities; customs and excise, sales tax schedules, income tax, are determined at national level. With an increasing tendency for both agricultural production and retailing to be organised at a national level the scope for state-level action is considerably reduced.
**Better health, better life projects: A NATIONAL ROUND-UP**

### 1) National projects

**BETTER LIFE PROGRAM**

**Food industry development**
- Employment of a food industry specialist to advise on product development and other industry projects (work in conjunction with existing initiatives in the area). Development of educational resources offered by the Australian Institute of Food Science and Technology.

**Promotion of fresh fruit and vegetables**
- A national campaign to promote nutrient consumption of vegetables and fruits and obesity prevention and management.

**Consultancy for workforce development services**
- A consultancy service to work with health professionals, employers and industry associations.

**Multi-strategy nutrition initiatives**
- A three-year program, focusing on the development of nutrition education and a food-based study.

### 2) New South Wales projects

**NSW**
- **NSW Better Life Program**
- **Food and nutrition strategy**
- Implementation of major aspects of a strategy already developed by the Victorian Public Health Foundation.

### 3) Victorian projects

**Aims:**
- Targeted at the needs of lower socioeconomic groups. This project focuses on the development of strategies to improve health promotion and disease prevention.

### 4) Queensland projects

**Queensland**
- **Nutrition**
- **Project Aims:**
  - To improve children's access to nutritionally diverse foods.

### 5) South Australian projects

**Better nutrition**
- **Community development of better nutrition in lower socio-economic communities**
- As an extension of the Victorian Food and Nutrition Strategy, this project aims to improve children's access to nutritious foods.

### 6) ENGLAND project

**Aims:**
- To improve children's access to nutritious foods.

### 7) Australian Capital Territory projects

**Marketing of healthier take away food**
- A project in collaboration with ACT to increase the sale of healthier food options.

### Conclusion

From an Australia-wide perspective the achievements of the Victorian Food and Nutrition Policy are very encouraging. Not only has the Victorian government shown itself willing to sponsor health promotion programs of considerable sophistication but it has also been prepared to support food and nutrition policy objectives against competing policy priorities. At the same time the history of the policy's evolution reveals many of the complexities of the contemporary Australian political system.
A federal structure also complicates the operation of interest group activity. This was manifested clearly in the withdrawal of the Victorian division of the Australian Nutrition Foundation from the Steering Group of the Victorian Food and Nutrition Policy after industry lobbying at national level. Local priorities were not as important as their imperatives among participants in discussions about a national food and nutrition policy.

Development of the policy in Victoria also reveals the reluctance of Australian food producers to endorse food and nutrition initiatives giving the impression at times of a general attitude of distrust and opposition. The increasing political influence of such interests makes this a crucial determinant of progress towards nutrition goals in Australia. It also implies a reliance on influential political sponsors and committed lobbyists to maintain a place for nutrition on the political agenda.

These ingredients are not always available.

It is perhaps too soon to conclude anything. But it has proved possible to sustain political involvement and opportunism (in a favorable sense) to increase the coherence of public consideration of food and nutrition issues in Victoria. There is, at the very least, a new and clear sense of direction for nutrition activities in the state — supported by increased resources and professional training. This new sense of direction towards clearer, disease-preventive nutrition nationally by the relatively strong recommendations of the Commonwealth Better Health Commission, the follow-on Health Goals and Targets Committee of the Australian Health Ministers' Conference and has emerged in the programmatic details of the 'Better Health; Better Life' program.

What, then, are the broader lessons of the Victorian experience? Perhaps that the development of personal networks within and without the public sector plus the sense of strong political sponsorship has been sufficient thus far to overcome the influence of special interests and of increasingly adverse financial and ideological contexts. The largely unintended advent of the Australian Nutrition Foundation (ANF) and the Nutrition Foundation of Australia (AND) have also provided a source of material support that is largely immune to the vagaries of the state budgetary process.

Acknowledgement

The section on the history of the Victorian policy draws directly from Crotty PA: The development and implementation of a food and nutrition policy in Victoria, 1981 to 1986 (unpubl). Waurn Ponds, Section of Human Nutrition, Deakin University, 1987 however responsibility for this text rests as usual with the authors.

References

17 For example in the Victorian Department of Agri culture held a conference entitled Agriculture and Human Nutrition: how close are the links? A conference on a similar theme was held the next year in NSW.
20 Later changed to Food and Nutrition Policy program — see Figure 1.
21 Low-cholesterol paper producers, 21/12/84: 12.
26 Correspondence from National Secretariat, ANF to Chairman, Steering Committee and Director, Food and Nutrition Project. 15th July, 1985.
32 Further information available from Prof Kerin O'Dea, Dept of Human Nutrition, Deakin University, Waurn Ponds, Victoria, 3217.

Abstract

Only 6% of Australia’s workforce is engaged in agriculture but the country produces enough food for around 35 million people — more than half of whom are of working age. The food production and processing industry includes 6 states and 2 territories, with states having responsibility for many aspects of health and agricultural policy. During the 1950s and 1960s Australia experienced a marked rise in ischaemic heart disease and death rates in middle aged men rose. With the onset of the economic slowdown in the 1970s, governments also looked to measure purposes to contain health service costs. In 1979 the Commonwealth Department of Health adopted an approach to quantify the economic cost and in 1986 a national Better Health Commission was formed as a collated programme to change dietary habits. Developments in Victoria were stimulated by the concept of 'Agriculture and human nutrition' in 1983. Following this a report making healthy choices easy choices: towards a food and nutrition policy for Victoria' was released in November 1984 and the state government began a Food and Nutrition Project to stimulate intersectoral activity to promote lower risk eating patterns. In March 1987 the Victorian government formally adopted a food and nutrition policy and established an Interdepartmental Committee on Food and Nutrition with representation for Health, Agriculture and Rural Affairs and Industry, Technology and Resource Development. This was followed by the introduction of a comprehensive food and nutrition policy which was accompanied by a range of associated initiatives. The implementation of the food and nutrition policy was broadly supported by the public, and this has resulted in a sustained improvement in public health.

Editors’ Footnote

In 1992, Australia is moving towards a National Food and Nutrition Policy (NFNP). A Steering Committee under the Chairmanship of Professor Paul Newman, Chief of the Commonwealth Scientific and Industrial Research Organisation's Division of Human Nutrition, with a specially appointed Membership is convening meetings and engaging in consultations across the country. In early 1992, it had a draft policy for public comment. It could be argued that the scene for this development has been set in Victoria, one of the states which has had the most positive experience, and that the national process is the better for it. Australian governments will change from time to time, but it now seems this kind of collaborative policy development is likely to continue, especially where it draws on institutions like universities, hospitals, industrial and industries, which themselves have longer term rather than the shorter term political goals. Thus in Australia the opportunities for future cooperation are favourable.
A federal structure also complicates the operation of interest group activity. This was manifested clearly in the withdrawal of the Victorian division of the Australian Nutrition Foundation from the Steering Group of the Victorian Food and Nutrition Policy after industry lobbying at national level. Local priorities were not as important as the hegemony amongst participants in discussions about a national food and nutrition policy.

Development of the policy in Victoria also reveals the reluctance of Australian food producers to endorse food and nutrition initiatives giving the impression at times of a general attitude of distrust and opposition. The mainstream political influence of such interests makes this a crucial determinant of progress towards nutrition goals in Australia. It also implies a reliance on influential political sponsors and committed lobbyists to maintain a platform for nutrition on the political agenda. These ingredients are not always available.

It is perhaps too soon to conclude anything. But it has proved possible to sustain political involvement and opportunism (in a favourable sense) to increase the coherence of public consideration of food and nutrition issues in Victoria. There is, at the very least, a new and clear sense of direction for nutrition activities in the state — supported by increased resources and professional training. This new sense of direction towards clearer, more focussed nutrition programs reinforced nationally by the relatively strong recommendations of the Commonwealth Better Health Commission, the follow-on Health Goals and Targets Committee of the Australian Health Ministers' Conference and has emerged in the programmatic details of the "Better Health; Better Life" program.

We wonder, then, are the broader lessons of the Victorian experience? Perhaps the development of personal networks within and without the public sector plus the security of strong political sponsorship has been sufficient thus far to overcome the influence of special interests and of increasingly adversarial financial and ideological contexts. The largely unaltered adverb of the Victorian Government Health Promotion Foundation has also provided a source of material support that is largely immune to the vagaries of the state budgetary process.

Acknowledgement

The section on the history of the Victorian policy draws directly from Crotty PA: The development and implementation of a food and nutrition policy in Victoria, 1981 to 1986 (unpubl), Waurn Ponds: Section of Human Nutrition, Deakin University, 1987 however responsibility for this text rests as usual with the authors.

References


12 Ibid: xi.


21 For example in 1983 the Victorian Department of Agri- culture held a conference entitled "Agriculture and Hu- man Nutrition: how close are the links". A conference on a similar theme was held the next year in NSW.
24 Later changed to Food and Nutrition Program — see Figure 1.
25 Nutrition paper aligners producers, Age, 21/12/84: 12.
30 Correspondence from National Secretariat, ANF to Chairman, Steering Committee and Director, Food and Nutrition Project, 15th July, 1985.
36 Further information available from Prof Kerin O'Dea, Dept of Human Nutrition, Deakin University, Waurn Ponds, Victoria, 3217.

Abstract

Only 6% of Australia's workforce is engaged in agriculture but the country produces enough food for around 35 million people — more than half of the state's workers of expected working age. The food processing industry includes 6 states and 2 territories, with states having responsibility for many aspects of health and agricultural policy. During the 1950s and 1960s Australia experienced a marked rise in ischaemic heart disease and death rates in middle aged men rose. With the onset of the economic slowdown in the 1970s, governments also looked to provide measures to contain health service costs. In 1979 the Commonwealth Department of Health adopted 8 non-quantitative dietary guidelines and in 1986 a national Better Health Commission put in place a co-ordinated programme to change dietary habits. Developments in Victoria were stimulated by a new emphasis on 'Agriculture and human nutrition' in 1983. Following this a report 'Making healthy choices easy: towards a food and nutrition policy for Victoria' was released in November 1984 and the state government began a Food and Nutrition Project to stimulate inter- sectoral activity to promote lower risk eating patterns. In March 1987 the Victorian government formally adopted a food and nutrition policy and established an Interdepartmental Committee on Food and Nutrition with representation for Health, Agriculture and Rural Affairs and Industrial, Technology and Resource Development and Food and Nutrition Commission Consultative Group. Increasing financial stringency in the late 1980s was fortunately offset by the availability of funds from the Victorian Health Promotion Foundation, funded by a 10% surtax on tobacco.

Editors' Footnote

In 1992, Australia is moving towards a National Food and Nutrition Policy (NFNP), a Steering Committee under the Chairmanship of Professor Paul Welsch, Chief of the Commonwealth Scientific and Industrial Research Organisation's Division of Human Nutrition, in collaboration with a widely respected multisectoral membership is convening meetings and engaging in consultations across the country. In early 1992, it had a draft policy out for public comment. It could be argued that the scene for this development is not dissimilar to what has happened in Victoria, one of the first states to address the question, and that the national process is the better for it. Australian governments will change from time to time, but it now seems this kind of collaborative policy development is likely to continue, especially where it draws on institutions like universities, hospitals, industrial and industries, which have longer term rather than the shorter term political goals. Thus in Australia the opportunities for future cooperation are favourable.
Public health nutrition in Singapore

Tan Wei Ling

Deputy Director/Senior Nutritionist, Food & Nutrition Department, Ministry of Health, Singapore.

In the early 1960s and 1970s, as a result of surveys and assessments indicating special needs among young children and low-income population groups, the government of Singapore expanded its public health programme to include direct delivery of food and nutrition services. A small-scale food assistance programme was implemented to meet the immediate needs of undernourished young school children. The programme included the School Feeding Scheme in which a wheat-soy-blend drink was served free to each underweight primary school child on every school day, and the Tuberculosis Food Ration Scheme in which a two-week ration of food was distributed to parents of deserving children to supplement the meals served at home.

A register was kept of undernourished pre-school children for follow-up in the maternal and child health clinics. The severely undernourished were followed-up at home with regular home visits. Weekly talks and demonstrations on preparation of weaning diets and on young child feeding, initiated in the early 1970s, are still being conducted in the maternal and child health and school health clinics, though somewhat modified to address today’s health concerns and adapted to today’s eating patterns.

Nutrition services began to extend beyond maternal and child health and school health during the mid-1970s to the whole population. The ‘Better food for better health’ campaign was conducted in 1975. The emphasis was on messages targeted at low-income families, messages such as low-cost protein sources, the cheaper locally available vitamin C-containing fruits and ways to increase the energy content of meals. The campaign also dealt with food hygiene and proper food handling practices.

Towards the latter half of the 1970s, obesity among school children began to emerge as a public health concern. The major focus of attention in nutrition then began to shift away from protein energy malnutrition and growth retardation due to undernutrition, to the effects of overeating and leading a sedentary lifestyle, and of specific nutrients and dietary factors, on the long, slow development of chronic degenerative diseases. A weight management programme for overweight school children was started in 1977. It has been revamped several times, the latest just last month to cope with the 13% obese children 6–16 years old. An obesity prevention programme due to start later in the year, is being planned for preschool children.

Several national health campaigns and major health education and promotion programmes in the past 12 years had nutrition education as a component. In the 1979 ‘Combat diseases due to harmful lifestyle’ national health campaign, obesity and poor eating habits were featured as major health risk factors. The 1986 ‘Healthy heart, healthy life’ education programme cited nutrition in several of its 13-part series in which ‘Hearty’ went on mass media using the television, radio and local newspapers to promote heart health. ‘Hearty’ even went to the Bird Park, bringing the heart health message to school children in a fun way. The ‘Eat healthy, choose wisely’ theme of the Nutrition Week in 1989 was imaged by a smiling ‘Hearty’ armed with a fork and spoon. The programme placed nutrition in the forefront of disease prevention and health promotion. Interest was generated well ahead of the ‘week’ with a seven-part weekly TV quiz series entitled ‘You’ve got the choice’ involving pre-university students. ‘Hearty’ had a busy time then. He was in the supermarkets, at hospital bed, and even at the 1980 National Day celebration.

In 1989, after 10 years of healthy lifestyle promotion, the Ministry of Health organized a gigantic national health fair with the theme ‘Your health in your hands’. The 2-week fair drew an estimated 390 000 visitors. The nutrition section at the fair was a massive crowd puller and was judged the best area. Many had hands-on experience at the participatory exhibits whilst others queued to measure their body fat level. ‘Hearty’s Café’ was well-patronized by all, old and young. It not only served healthy meals and snacks, but also had computers to give the nutritional value of the food sold. The more recent cancer education programme in 1990 featured diet in its ‘Check early, check cancer’ list of suggested activities to reduce cancer risk.

To ensure an enlarged pool of nutrition educators to service the population, the then Nutrition Unit of the Ministry of Health started extensively and intensively the training of nurses in the public health sector. This was in the early 1970s. Similar training was extended to home economics teachers in the second half of the 1970s to prepare them to teach the revised nutrition components of the home economics syllabus which was made compulsory for all lower secondary school girls in the early