

THIS AGREEMENT IS MADE THE _____ DAY OF _____ 1989

PROJECT NO:

BETWEEN: THE VICTORIAN HEALTH PROMOTION FOUNDATION
of Suite 2,
1st Floor, 333 Drummond Street
Carlton in the said State
(hereinafter called the "Foundation")

of the first part.

AND

FOOD AND NUTRITION PROJECT
the registered office of which is situated
Department of Human Nutrition
Deakin Institute in the said state

TEAM UP WITH GOOD FOOD

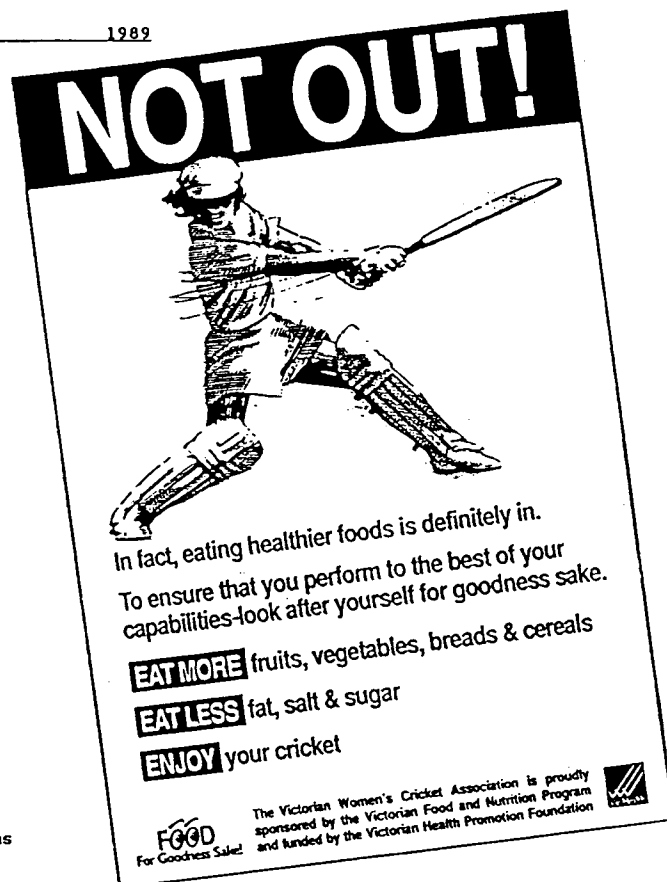
- (ii) It shall use its best endeavours to encourage and support the Sporting Body in implementing the following actions and responsibilities:
- prohibiting smoking in the offices, programs and environs of the Sporting Body;
 - causing all the employees or representatives of the Sporting Body to wear clothing bearing the badges, logos and indicia of the FNP on all occasions at which sponsored events are promoted and at all sponsored events, and particularly in accordance with the



PART II:

1) Schoolgirl Championships

- The Association is to provide naming rights to FNP for the Schoolgirls Championships.



iii) Program Promotion

- FNP is to develop and supply promotional material including:

- | | |
|--|--|
| • Stationary | • 'More or Less Diet' booklet |
| • Stickers | • Newsletter inserts |
| • Posters (development joint initiative) | • Commemorative Certificates (School Girl Championships) |
| • Award Certificates (coaching clinics) | |
| • Flyers | |

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 7+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 VHPF 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 VHPF 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 education and promotion 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, outside 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-complete mailed food frequency questionnaire and, while highly cost efficient, is proving capable of yielding not just measures of food intakes but also crude measures of nutrient consumption and their distribution across the Victorian population.^{34, 35} (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 strategically important achievement here has been the systematic revision of curricular materials for Victorian schools — from 'prep' 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 canteen users, 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 with meat. However, informal 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.³⁶ The fat content of red meat varies enormously and need not be high.³⁷ Consumers would prefer leaner meat. Retailers would rather have less fat to trim. 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 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 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' (ie supply side) measures to reduce the intake of saturated fat from

Better health, better life projects:

A N A T I O N A L R O U N D - U P

"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 issues aimed at 'healthy public policy' and structural changes within health systems themselves.

(1) National projects



Unless otherwise indicated, these national projects will be implemented primarily by the Commonwealth.

Role of taxation in health promotion

A study of the ways in which taxes including, for example, excise and sales taxes on tobacco products, food products, etc affect the prices of healthy and unhealthy products and services and, in turn, purchasing and consumption patterns, to determine the areas in which taxation changes would have the greatest impacts on health; with a possible subsequent program to educate the public and professionals and influence decision makers on taxation issues. *Contact: Denise Swift (06) 289 8505*

Food labelling

Pilot testing of visual and other possible mechanisms to indicate fat, sugar, salt, fibre and other nutrient levels in foods to facilitate consumer choice and to encourage the production and marketing of healthier foods. *Contact: Vicki Taylor (06) 289 7385*

(2) New South Wales projects



Better nutrition



Food industry development

Employment of a food industry executive to advise on product development and other industry strategies (to work in cooperation with existing initiatives in this area); employment of an economist to advise on product development opportunities offered by the R & D Taxation Incentives Scheme; point-of-sale/merchandising research and development, including the development of in-store nutrition information services; and establishment of a merit award scheme for food manufacturers, retailers and restaurants. *Contact: Colin Sindall (02) 217 5863*

Promotion of fresh fruit and vegetables

A mass media campaign to promote greater consumption of fruit, vegetables and cereals, run in conjunction with the Department of Agriculture and marketing boards and utilising campaign materials supplied by Western Australia; includes mass media approaches, public relations and communication with selected target groups and decision makers. *Contact: Colin Sindall (02) 217 5863*

Consultancy for worksite catering services

A consultancy service to worksites, hospitals, government departments, Area/Regional Health Services, trade unions, etc for worksite catering services. Professional advice and materials provided to worksites in line with dietary guidelines, through presentations, seminars, education officers, etc. *Contact: Colin Sindall (02) 217 5863*

Multi-strategy nutrition intervention

A three year project, the first six-month stage being the development of baseline data and a feasibility study. *Contact: Colin Sindall (02) 217 5863*

(3) Victorian projects



Food and nutrition strategy

Implementation of major aspects of a strategy already developed for introduction of the Victorian Food and Nutrition Policy. *Contact: Del Stitz (03) 616 7777*

(4) Queensland projects



Nutrition

Workplace project

Aimed especially at the needs of lower socio-economic groups, this project fosters the development of worksites as health-promoting sites by:

1) *Health Promotion:* Facilitating coordination/communication among service providers, employers and unions; training for workplace health promoters. *Contact: Sophie Dwyer (07) 234 0367*

2) *Nutrition:* Development of a nutrition education strategy through worksites, emphasising groups with special needs and including improved food services in institutions, training programs for primary health care workers and the promotion of healthier food choices. This strategy will then be progressively introduced through the State. *Contact: Marie Sardie (07) 234 1164*

Aboriginal community nutrition

Education and training for Aboriginal community nutrition workers in north Queensland on nutrition, community and personal development skills, and disease, exercise, food and alcohol education. This project is based on information on nutritional patterns throughout the State. *Contact: Hedley Peach (077) 21 2281*

(5) South Australian projects

Better nutrition



Community development of better nutrition in lower socio-economic communities

An expansion of the Elizabeth Food and Health project that aims to improve children's access to nutritious diets, by extending appropriate strategies developed at Elizabeth into the Angle Park area and by developing a major community nutrition program for the parents of young children. *Contact: Cynthia Spur (08) 243 5611*

Elizabeth food and health project

The project addresses the relationship between low income and nutrition and targets low income children and families in the Elizabeth Local Government Area. The aim is to increase community awareness of diet and health, to improve children's access to a healthy diet and community access to cheaper nutritious food. *Contact: Barbara Smith (08) 255 2744*

Nunga nutrition

A nutrition education project targeted at Aboriginal women in northern suburbs of Adelaide. The project involves cooking demonstrations, nutrition information and education and will explore the cultural and environmental issues which affect nutritional status. *Contact: Catherine Carroll (08) 223 5011*

Fruit and vegetables with every meal

A health promotion program to encourage people to eat more fruit and vegetables in their normal diet, and strategies to assist them in doing this. *Contact: Marion Blake (08) 267 4088*

(7) Australian Capital Territory projects

Marketing of healthier take away food

A project in cooperation with ACT take away food outlets to promote concepts that fast or take away food is not necessarily synonymous with junk food, to educate consumers on healthy food options, to improve the availability of and demand for these options, and to encourage and facilitate effective marketing of healthier take away foods. *Contact: Jill Davis (06) 245 4537*

red meat. The AMLC and local meat suppliers and supermarkets are cooperating in this study.³⁸

The search for 'structural levers': 3. Cooperation with retailers. Little has been achieved here, mainly because resources have not permitted. Retailers have indicated their willingness, however, to cooperate in in-store nutritional promotions so this item 'remains on the agenda'.

The search for 'structural levers': 4. The medical sector. Achievements here have also been modest, again partly because limited resources have not been committed. There has been some involvement of hospitals and other residential institutions in the catering improvement program and hospital dietetic and health promotion units have been able to make good use of better educational materials. Primary medical care remains largely 'untapped' with a widespread uncertainty about the role of general practitioners in the promotion of dietary change — especially among those without established disease.

The search for 'structural levers': 5. Community development. The Project initially made small grants, totally around \$ 60 000 per year to support nutrition programs run by community groups. There was a systematic attempt to document these, so that they could be evaluated and so that others could build on their experience. Since 1988 the Health Promotion Foundation has been able to provide health promotion grants for programs of this kind — for example, among low income single mothers.³⁹

Survival in hard times

Survival in the face of initial organized opposition and at a time of increasing 'government cutbacks' is perhaps an achievement in itself. To have received early support and impetus from a ministerial 'consultant' (particularly at a time of organizational upheaval in the Health Department), to have an earmarked core budget (even if initially only \$ 250 000), to be notionally independent of the public service and to have had as chairpersons of the Steering Committee, two successive holders of the chair of Human Nutrition at Deakin University are all things that are likely to have helped. So too has the establishment of formal and informal networks across several government departments and the educational sector. And finally, at a time of public sector financial squeeze there has been the highly fortuitous flow of funds from the Victorian Health Promotion Foundation.

Evaluation

Survival is not proof of effect. Although component programs have been evaluated, their contribution to the overall trends in dietary practices in Victoria cannot be established, much less their contribution to trends in final health outcomes.

In multicultural Australia, food and nutrition policies are operating in a dietary environment that is diverse and evolving. Foreign-born Australians tend to have lower chronic disease mortality rates than do the native-born: in the case of groups such as those from southern Europe, the advantage can be major.⁴⁰ Upper socio-economic

groups are clearly changing their diets in directions favourable to health. Coronary mortality has fallen to half its peak value (which occurred in the late 1960s) and adult all-cause mortality rates have been falling more rapidly over the last 2 decades than at any other time since the establishment of vital registration around the 1870s.

On equity grounds food and nutrition policies and programs should be seeking to reach those at risk of being left behind in chronic disease prevention — Australian-born citizens of lower socio-economic status. While there is little direct evidence of effect in this arena, the Policy and the Program have supported the development of the kinds of 'structural' programs most likely to benefit these groups. These approaches have been further taken up in the national Better Health; Better Life Program (see Figure 3).

Governmental commitment to a Food and Nutrition Policy has also made of Victoria the chief bulwark against indiscriminant de-regulation of national food standards. Because health is constitutionally a state responsibility, national uniformity in food regulations (which is highly desirable for the food industry) can only be achieved with the cooperation of all states. Thus movement in any direction is at the pace of the slowest ship. After a number of reports pressing for food standards de-regulation^{41, 42} and the removal of the national food standards committee from the health ministry to the Ministry of Consumer Affairs, the stage was set in 1989 for a strong de-regulatory push from the Industries Assistance Commission (IAC)⁴³ under the federal Treasurer (clearly the most powerful person in the federal government after the prime minister). There were strong pressures within the Victorian government to implement the IAC report in full. This was, however, successfully resisted as inconsistent with the government's food and nutrition policy. The proposals were considered one by one on the basis of criteria derived from the Victorian policy. Some — such as the proposal to remove restrictions on the use of comparators such as 'low', 'reduced' and 'imitation' — were successfully resisted.

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 programmes 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 levers. 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 food retailing to be organized at a national level the scope for state-level action is considerably reduced.

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 need to maintain harmony 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 entrenched 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 by sustained 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 chronic disease prevention has been 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.

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 securing of strong political sponsorship have been sufficient thus far to overcome the influence of special interests and of increasingly adverse financial and ideological contexts. The largely unrelated advent of the tobacco-tax funded Victorian Health Promotional 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* [unpub]. Waurm Ponds: Section of Human Nutrition, Deakin University, 1987 however responsibility for this text rests as usual with the authors.

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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 them purchasers of exports. The federal political system 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 preventive 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 recommended a co-ordinated programme to change dietary habits. Developments in Victoria were stimulated by a conference on '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, Education and Industry, Technology and Resources and a Food and Nutrition Community Consultative Group. Increasing financial stringency in the late 1980s was fortuitously offset by the availability of funds from the Victorian Health Promotional 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 J Nestel, Chief of the Commonwealth Scientific and Research Industrial Organisation's Division of Human Nutrition and 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 has been set by what has happened in Victoria, one of the Australian six states and two territories, 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, institutions and industries, which themselves have longer term rather than the shorter term political goals. Thus in Australia the opportunities for future cooperation are favourable.

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

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僅6%的澳大利亞勞力從事農業，但農副產品足夠供給3500萬人的食物，其中一半以上為外國消費者購買。聯邦行政系統包括六個州和二個特別行政區。每個州各自負責很多健康和農業方面的政策。在1950年和1960年期間，澳大利亞曾出現缺血性心臟病，發病率明顯升高和中年男性死亡率增加。在經濟開始衰退的1970年，政府也注意到包括健康服務經費在內的預防措施。1979年，聯邦衛生部採用八個非定量的飲食指南。1986年，一個國立“改善健康委員會”推荐一份同樣計劃去改變飲食習慣。1983年，一個“農業和人體營養”會議促進維多利亞州的發展，跟隨著一份“簡而易行的健康選擇；關於維多利亞食物和營養策略”的報告在84年11月份脫胎而出。州政府開始一個食物和營養計劃來促進單位與單位之間的溝通，以增加低危險飲食模式。1987年3月，維多利亞州政府正式採用食物和營養策略，並成立一個由健康；農業和農村事務、教育和工業、技術和資源以及食物和營養社區諮詢組及代表參加的“食物和營養內務委員會”。由于維多利亞健康增進基金會獲得10%的煙草附加稅，從而抵銷了1980年後期的財政緊縮。