

Healthway's position on Nutrition

Poor nutrition contributes to a range of health problems, and the prevalence of many diet-related diseases, such as diabetes, coronary heart disease and overweight and obesity, is increasing. Nutrition related behaviours that can negatively affect health include over consumption of high fat and energy-dense foods, high sugar consumption, regular intake of convenience or so-called 'junk' foods and low fruit and vegetable consumption.

Nutrition is identified as a high priority area within Healthway's current strategic plan.

Nutrition and health

Good nutrition is important for promoting and maintaining good health and development.¹ While over consumption of unhealthy food is the predominant concern in developed countries such as Australia, under-nutrition, in the form of nutritional deficiencies and shortage of food is an issue for some population groups.^{1,2}

There is a well-established association between nutrition and chronic diseases such as obesity, diabetes, cardiovascular disease, some cancers, osteoporosis and dental diseases.² As noted by the World Health Organisation, the burden of these chronic conditions is rapidly increasing, with many of these diseases appearing earlier in life than previously recorded.^{3,4} This is largely the cumulative result of increasing consumption of high-fat, energy-dense foods, increasingly sedentary lifestyles and insufficient physical activity.^{3,5}

In Australia in 2003, low fruit and vegetable consumption accounted for 2.1% of the total burden of disease and injury in Australia. This equated to 4568 deaths attributable to low fruit and vegetable consumption, with 69% of these relating to ischemic heart disease.⁶

The consequences of poor nutrition can compound other social determinants of health. Obesity, for example, can contribute to poor body image and self-esteem, which can in turn contribute to social isolation and reduced connectedness with others.⁷

There are also economic and social problems in the community related to poor nutrition. For example, it has been estimated that increasing fruit and vegetable intake in Australia by just one serve a day has the potential to save

between \$8.6 - \$24.4 million per year in direct health care costs relating to cancer and \$150 million relating cardiovascular disease.⁸

Groups most at risk

There is scope to improve the diet of the majority of Australians. In 2006 for example, only 15.4% of West Australians reported eating the recommended five serves of vegetables per day.⁹ Population groups at increased risk of poor nutrition include children, Aboriginal (ATSI) Australians, people on low incomes and people living in rural areas.

Good nutrition is particularly important during infancy and childhood,¹ being a key factor in optimising physical and cognitive growth and development. Poor nutrition in young children can increase the risk of abdominal obesity, diabetes, hypertension, cardiovascular disease, and renal disease in adult life. The association is considered strongest if under-nutrition occurs during foetal development.¹

Over the last two decades consumption of fruit and vegetables among children and adolescents in WA has declined, while the number of children eating confectionary and snack foods has increased and children have become less physically active. In 2001, 64.1% of children ate fast food at least once a week.¹⁰ Changes in nutritional intake and physical activity are mirrored by increases in the number of children who are overweight or obese, increasing from just over 9% of males and 10% of females in 1985 to 23% of males and 30% of females in 2003.⁵

The socio-economic variations observed for risk factors such as smoking and physical activity are also evident in relation to nutrition. For instance, higher socio-economic groups are more likely to have food purchasing, preparation and consumption patterns in line with recommended dietary guidelines¹¹. Conversely, low socio-economic status has been associated with nutritional deprivation and malnourishment, and also with a greater likelihood of obesity and overweight.¹²

Aboriginal Australians are disproportionately affected by many conditions associated with poor nutrition, such as type 2 diabetes, cardiovascular disease, renal disease, poor dental health, iron deficiency anaemia, and some forms of cancer.¹³ Aboriginal people are less likely to eat a diet consistent with dietary guidelines and are more

likely to suffer from both over-nutrition and under-nutrition.¹⁴

The nutritional health of Australians living in rural areas also tends to be worse than those living in cities.^{1, 5, 13} Food is often less varied and more expensive in rural areas than in urban areas. This has been attributed to the higher cost of transport, higher store overheads and greater spoilage of food.¹³

Contributing factors

Poor nutritional intake and habits can be due to a range of individual, social and environmental factors. Individual factors include eating habits formed during infancy and childhood, which often determine behaviour in adulthood.¹⁵

Environmental factors influencing nutrition can include the marketing, wide-availability, low cost and convenience of so-called 'fast' foods and 'super-sized' portions. 'Junk' food advertising and promotions create social norms and peer pressure that run counter to healthy eating messages¹⁶.

In addition, the availability of drinks high in sugar is increasing, while healthy food and drink alternatives are declining in some food outlets.¹⁷ Studies have shown that disadvantaged neighbourhoods have a higher density of takeaway and fast food outlets relative to fresh food stores per head of population than more affluent suburbs.¹⁸

Social determinants of health that most affect nutrition include: Income and the affordability of healthy food options; social norms and peer pressure relating to 'junk' food, particularly those stimulated by food advertising and promotion; transport for delivery of healthy foods to rural and remote areas; education and literacy to interpret food labels; increased reliance on foods away from home; convenience; and less time to prepare meals.

Healthway's position:

Healthway supports the recommendations of WHO's 'Global Strategy on Diet, Physical Activity and Health' and the National Public Health Partnership's 'Eat Well Australia' strategy.^{1, 3} Recommendations from these reports include: Promoting fruit and vegetable consumption; improving nutrition for vulnerable groups; addressing structural barriers to safe and healthy food; investing in public health nutrition research; collaborating with a range of sectors; addressing risk factors throughout the

life course; and enabling economic and policy environments that focus on making healthy lifestyle choices easy choices.^{1, 3}

In particular, Healthway supports:

- Initiatives and policies that reduce the barriers to healthy nutrition.
- Creating supportive environments through policies that promote the availability and accessibility of fruit and vegetables and a variety of low-fat, high-fibre foods.
- Efforts to control the promotion and advertising of high energy dense food and drinks to children.
- Efforts to improve access to affordable, high quality and healthy foods for Indigenous Australians and people living in remote areas.
- The development and introduction of a simple, easy to understand food labelling system in Australia.

Healthway will:

- Contribute to improving the health of all West Australians by supporting nutrition campaigns and evidence-based health promotion projects.
- Pro-actively fund new research that will help to increase the evidence-base regarding effective health promotion interventions to improve diet and nutrition.
- Focus on population groups most at risk of under- and over-nutrition, including children and young people, Indigenous people, low income and education groups, rural and remote groups and those with unhealthy eating practices.
- Work with Healthway-sponsored organisations and settings to promote policies and practices that increase the availability and accessibility of nutritionally healthy food choices and reduce the availability of less healthy choices.
- Avoid sponsoring events and activities that position Healthway's name or health messages alongside those of companies selling or promoting energy dense foods or drinks.
- Build strategic alliances with sectors, settings and organisations outside health that have the potential to make a substantial contribution to reducing the prevalence of under- and over-nutrition.
- Ensure all organisations receiving \$20,000 or more from Healthway develop and implement policies on healthy food choices, where applicable.
- Encourage collaboration among all organisations working in the areas of nutrition, physical activity and obesity prevention.

Healthway's sponsorship program currently promotes the Go for 2 and 5 message in conjunction with targeted sports, arts and racing sponsorships.

References

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