

BACKGROUND PAPER

Supporting document for the Joint Position Statement: Towards a National Nutrition Policy for Australia

ENDORSED FEBRUARY 2017 BY:



Public Health Association
AUSTRALIA



Contents

| | |
|---|----|
| Overview..... | 3 |
| Towards a National Nutrition Policy for Australia: Background Paper | 5 |
| Why do we need a new National Nutrition Policy?..... | 5 |
| What might a National Nutrition Policy look like? | 6 |
| Actions for the Australian Government | 6 |
| Problems when we do not have a National Nutrition Policy | 7 |
| International and national activities reflect the call for a National Nutrition Policy for Australians..... | 9 |
| Scoping the National Nutrition Policy. | 11 |
| References..... | 13 |

Overview

The Public Health Association of Australia, the National Heart Foundation of Australia, the Dietitians Association of Australia and Nutrition Australia urge the Australian Government to take a leadership role in developing, funding and implementing a contemporary National Nutrition Policy. We recommend that the Australian Government:

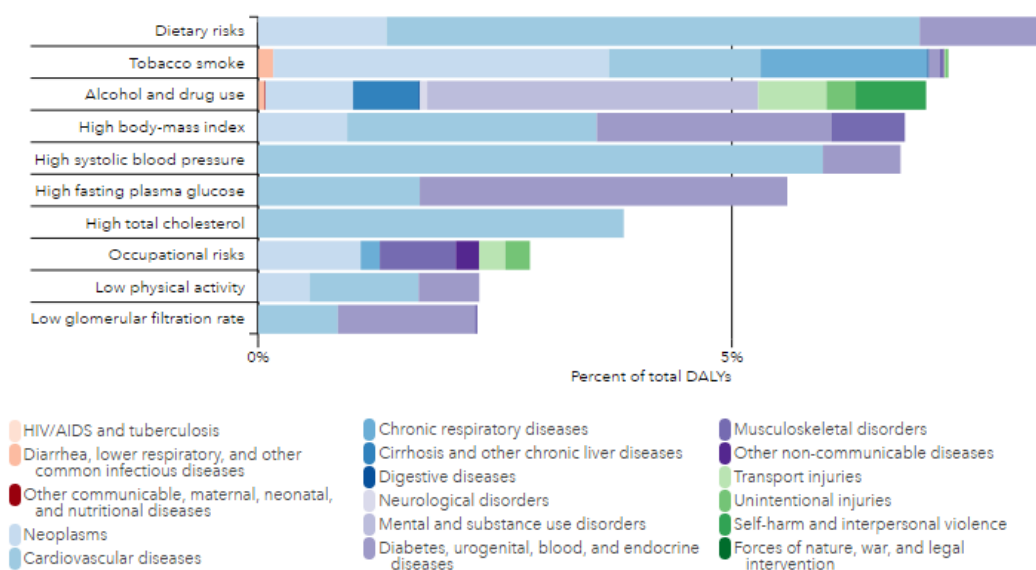
- Starts public consultation with a discussion paper informed by the best available evidence. This should align with international policy advice [World Health Organization (WHO), the United Nations Steering Committee on Nutrition (UNSCN) and the Food and Agriculture Organization (FAO)] and national advice [the Scoping Study to inform the development of a National Nutrition Policy (The Scoping Study) and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) Evaluation Report].
- Allocates funding and the structure to develop a National Nutrition Policy and a National Nutrition Implementation Action Plan.
- Commits to monitor Australia’s food and nutrition system to support evaluation of the policy and its strategies.
- Reports key targets to the WHO and the FAO as part of the response to the Rome Declaration, the United Nations ‘Decade of Nutrition Action’ and the WHO Voluntary Global non-communicable disease targets.

The Public Health Association of Australia, the National Heart Foundation of Australia, the Dietitians Association of Australia and Nutrition Australia resolve to:

1. Present this agenda for action to the appropriate Ministers of the Commonwealth Government and to the Council of Australian Governments through State Premiers and relevant Ministers.
2. Engage fellow public health organisations, institutions and other key stakeholders to support the rationale, objectives and actions outlined in this document.

Poor diet and high body mass index are leading causes of the burden of disease in Australia. Poor diet costs the nation with medical and hospital costs as well as reduced productivity and well-being.

What risk factors drive the most death and disability combined?



Top 10 causes of DALYs with key risk factors, 2015

Adapted from www.healthdata.org/australia

Background Paper: Towards a National Nutrition Policy for Australia

Diet related diseases are most prevalent among the very young, the very old, those living in remote areas, many Aboriginal and Torres Strait Islander peoples, those in culturally and linguistically diverse groups, and in lower socioeconomic groups.

We urgently need to address these major risk factors for the health and productivity of all Australians.

Australia's Food and Nutrition Policy was developed in 1992. It needs updating, expanding and aligning with current best practice as outlined by the WHO, UNSCN and FAO.

A National Nutrition Policy would:

- Address the high cost and increasing rates of diet-related chronic diseases, including coronary heart disease, stroke, hypertension, atherosclerosis, obesity, some forms of cancer, Type 2 diabetes, osteoporosis, some forms of arthritis, dental caries, gall bladder disease, dementia and nutritional anaemias.
- Promote sustainable diets which have low environmental impact.
- Provide food and nutrition security for all Australians.
- Fit with the Australian Dietary Guidelines and the evidence underpinning them, and also areas that support the guidelines, including food labelling, advertising and relevant taxes.
- Take account of cultural sensitivities, and also consider areas such as agriculture and trade.

Governments have a vital role in coordinating, prioritising and monitoring efforts to address the leading causes of the burden of disease and reduce the incidence of diet-related chronic diseases.

Each level of government (national, state, local) can influence the environment, and a coordinated 'whole of government' approach to policy development increases cost-efficiency and effectiveness by minimising the risk of conflicting policies.

The United Nations General Assembly identifies that strategic leadership by government enables the adoption of supportive policies and programmes that are critical to support the effectiveness of policy initiatives and community-based interventions.

Audience

Australian Federal, State and Territory Governments and Agencies; policy makers; program managers; and, the media.

Responsibility

Public Health Association of Australia, Dietitians Association of Australia, National Heart Foundation of Australia and Nutrition Australia.

Acknowledgements

The development of this background paper was a collaborative process drawing on members from each of the organisations. Thank you for sharing your wisdom, knowledge and expertise in an effort to inform this work.

Towards a National Nutrition Policy for Australia: Background Paper

Towards a National Nutrition Policy for Australia is a joint position statementⁱ urging the Australian Government to take a leadership role in developing, funding and implementing a much needed National Nutrition Policy.

This background document underpins the statement, providing data and evidence of the need for a new National Nutrition Policy in Australia, and outlining actions to address the issues identified.

Optimum nutrition is fundamental to good health throughout life. It is essential for the normal growth and development of infants and children, contributes significantly to quality of life and well-being, resistance to infection and protection against chronic diseases, obesity and premature death.^{1,2}

The International Congress on Nutrition declared “Food is the expression of values, cultures, social relations and people’s self-determination, and the act of feeding oneself and others embodies our sovereignty, ownership and empowerment. When nourishing oneself and eating with one’s family, friends and community, we reaffirm our cultural identities, our ownership over our life course and our human dignity. Nutrition is foundational for personal development and essential for overall well-being.”³

Why do we need a new National Nutrition Policy?

1. A National Nutrition Policy would aim to increase Australia’s health, well-being and prosperity, improve nutrition and reduce the incidence and prevalence of diet-related risk factors and diseases among all Australians.⁴
2. A new National Nutrition Policy would:
 - a. Address the high cost and increasing rates of diet-related chronic diseases through prevention and management strategies for coronary heart disease, stroke, hypertension, atherosclerosis, obesity, some forms of cancer, Type 2 diabetes, osteoporosis, some forms of arthritis, dental caries, gall bladder disease, dementia and nutritional anaemias.
 - b. Address nutrition as a key factor in the wellbeing of the community, paying special attention, where necessary, to Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, socio-economically disadvantaged groups, people with some types of disability or mental illness, older Australians and people living in rural and remote areas. To achieve this objective, all Australians should have equitable access to nutrition services for acute and chronic conditions.
 - c. Ensure sustainable diets with low environmental impact that are culturally and economically fair and accessible, and available for all Australians, providing food and nutrition security and promoting healthy life now and in the future.
3. The absence of a coordinated approach to nutrition policy in Australia is reflected in the Global Burden of Disease study.⁵ The Global Burden of Disease study determined poor diet contributed to almost 18% of deaths (over 29,000 deaths) in 2015, closely followed by high blood pressure. Poor diet is also a significant risk factor for hypertension, with one in six cases attributable to poor diet.⁵
4. Governments have a vital role in coordinating, prioritising and monitoring efforts to address the leading causes of the burden of disease and reduce the incidence of diet-related chronic disease. Each level of government (national, state, local) can influence the environment. A coordinated ‘whole-of-

ⁱ *Towards a National Nutrition Policy for Australia* is a joint consensus statement of The Public Health Association of Australia, the Heart Foundation, Dietitians Association of Australia, and Nutrition Australia.

government' approach to policy development increases cost-efficiency and effectiveness by minimising the risk of conflicting policies and programmes. Structural underpinning within government is critical to support the effectiveness of policy initiatives and community-based interventions.⁶⁻⁹

5. Australia's most recent Food and Nutrition Policy was developed in 1992. It needs updating, expanding and aligning with current best practice as outlined by the World Health Organization (WHO), the United Nations Steering Committee on Nutrition (UNSCN) and the Food and Agriculture Organization (FAO).^{6,7,10-12}
6. Australia needs a new National Nutrition Policy as part of our response to the Rome Declaration, the United Nations 'Decade of Nutrition Action' and the WHO Voluntary Global Non Communicable Disease Targets.^{7,10-12}

What might a National Nutrition Policy look like?

7. The Department of Health commissioned a *Scoping Study to Inform the Development of the new National Nutrition Policy* (The Scoping Study).⁴ Based on a comprehensive systematic review of the evidence, it includes objectives and a rationale for the scope of a National Nutrition Policy. The Public Health Association of Australia, the Heart Foundation, Dietitians Association of Australia and Nutrition Australia support the recommendations presented in the Scoping Study as outlined in Table 1, page 11.
8. The National Nutrition Policy should fit with other relevant areas, including agriculture and environmental sustainability and also trade.
9. Nutrition encompasses health as well as prevention of chronic disease, so the National Nutrition Policy would take account of the National Health and Medical Research Council's Australian Dietary Guidelines² and areas that support the guidelines such as nutrient reference values, food labelling, and relevant taxes and laws to achieve a healthier food supply.

Actions for the Australian Government

10. As stewards of population health, and recognising the critical role of nutrition in the health and prosperity of all Australians, the Australian Government's role involves several areas.

Development:

11. Develop a discussion paper informed by the Scoping Study and release it for public consultation. This paper should cover the rationale, vision, objectives and strategies for a National Nutrition Policy.
12. Assign funding and set up governance structures to develop a National Nutrition Policy that includes existing government initiatives, prioritises new initiatives and uses a clear strategy to outline accountability.
13. Appoint an oversight group and engage external consultants to develop the National Nutrition Policy in a similar fashion to the development of the Australian Dietary Guidelines.
14. Release the draft National Nutrition Policy for public consultation.

Implementation:

15. Complete, release, fund and set up the National Nutrition Policy through a ten year implementation and action plan. This will outline accountability and responsibility of all key stakeholders.
16. Identify long-term funding for continued investment and capacity to achieve long-term outcomes through a multi-strategy, multi-sectoral approach.

Evaluation:

17. Commit to a quality food and nutrition monitoring and surveillance system to support evaluating the National Nutrition Policy and its continued implementation and review.
18. Report key targets to the WHO, and FAO as part of the response to the Rome Declaration, the United Nations 'Decade of Nutrition Action' and the WHO Voluntary Global NCD Targets.^{7,10-12}

Problems when we do not have a National Nutrition Policy

19. According to the Global Burden of Disease study,⁵ poor diet contributed to more than 28,000 deaths (almost 18%) in Australia in 2015, closely followed by high blood pressure. Poor diet is a significant risk factor for hypertension, with one in six cases attributable to poor diet.
20. Poor diet is also a significant risk for disability and ill health. In 2015, 8.3% of the burden of disease (DALYs) was attributable to poor diet.⁵

A National Nutrition Policy would coordinate government and non-government strategies towards reducing the burden of diet-related risk factors and diseases through improved nutrition

21. Poor diet is an important risk factor for many preventable conditions, including coronary heart disease, stroke, cancers, (colon, rectum, stomach and lung), type 2 diabetes and kidney disease.
22. Prevalence of key preventable conditions and risk factors influenced by poor dietary behaviour among Australians include:
 - 63% of adults (11.2 million) are either overweight or obese;
 - 34% of adults (6 million) have measured high blood pressure ($\geq 140/90$ mm Hg) or are taking medication for hypertension;
 - 10% of adults (1.7 million) have biomedical signs of chronic kidney disease;
 - nearly 1 million Australian adults have diabetes;
 - 600,000 Australians have ischaemic heart disease.¹³
23. Results of recent Australian Health Surveys show the diets of Australians fall short of the Australian Dietary Guideline recommendations. For example, in 2014-15, the recommended intakes of major foods were achieved by: only 4% for vegetables; 31% for fruit; 10% for milk, cheese, yogurt or alternatives, and the majority in some age groups also fell short for other nutritious foods.¹⁴
24. Aboriginal and Torres Strait Islander peoples were even less likely to meet the recommended fruit and vegetable intake than non-Indigenous Australians.¹⁵
25. Over one third (35%) of Australians' total energy came from 'discretionary foods' (foods and drinks with poor nutritional value).¹⁶

A National Nutritional Policy would provide structure to systematically reduce diet-related health inequalities

26. Australians at greater risk of poor health related to diet include the very young, the very old, those living in remote areas, many Aboriginal and Torres Strait Islander peoples, those in culturally and linguistically diverse groups, some people with certain disabilities or mental health issues and people in lower socioeconomic groups.¹
27. In 2012-13, compared with the non-Indigenous population, Aboriginal and Torres Strait Islander people were:^{17,18}
 - more than three times as likely to have diabetes;
 - twice as likely to have signs of chronic kidney disease;
 - twice as likely to have high triglyceride levels;

- more likely to have multiple diet-related chronic conditions;
 - twice as likely to have a heart attack;
 - 60% more likely to die of heart disease;
 - at least 5 times more likely to die of diabetes.
28. Obesity rates for Aboriginal and Torres Strait Islander adults and children were significantly higher than the comparable rates for non-Indigenous people in almost every age group.¹⁹ Aboriginal and Torres Strait Islander men were 40% more likely to be obese than non-indigenous men; Aboriginal and Torres Strait Islander women were 70% more likely to be obese than non-indigenous women.²⁰
29. In 2011-12, Australian adults living in outer regional and remote areas of Australia were more likely to be overweight or obese (69.5%) compared with adults living in major cities (60.2%). More adult women living in areas of most disadvantage were overweight or obese (63.8%) compared with women living in areas of least disadvantage (47.7%). This pattern was not seen in men.¹³
30. Australians aged 25-64 years living in the poorest parts of Australia are 2-3 times more likely to die from coronary heart disease than those living in the wealthiest parts.²¹ People living in rural and remote Australia are 40% more likely to die of cardiovascular disease than people living in major cities. They are also 30% more likely to be hospitalised for cardiovascular disease.²² If all Australians had the same rates of coronary heart disease as the most advantaged groups, we could prevent about 20% of coronary heart disease deaths (5,100) and 30% of hospitalisations.¹⁸
31. Healthy foods cost around 30% more in rural and remote areas than in capital cities.²³
32. The United Nations World Food Summit of 1996 declared food security existed 'when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life'.²⁴ Australia is a food secure nation with enough food for its population. However, in 2011-2012, 4.0% of people lived in households that had run out of food in the previous 12 months and could not afford to buy more.¹³ This was even higher in Aboriginal or Torres Strait Islander people, with more than one in five (22%) reporting food insecurity.¹⁵ The 1995 National Nutrition Survey reported higher levels of food insecurity in unemployed people (11.3%), in the bottom 30% of income earners (10.6%) and those on a government pension or benefit (9.0%). Among recently arrived refugees, 71% reported food insecurity.¹
33. Deficiency of some nutrients, including iodine, folate, iron and vitamin D, is also a concern for some groups.² Inadequate levels of folate, iodine or iron during pregnancy have adverse effects on the physical and mental development of infants.²⁵⁻²⁷ In 2011-12, iodine levels were relatively low for women of childbearing age. One in five (18.3%) were iodine-deficient and two-thirds (62.2%) had an iodine level below that recommended for women who are pregnant, breastfeeding or considering pregnancy.²⁸ One in four adults had a Vitamin D deficiency, with higher rates in Victoria, the ACT and Tasmania compared with Queensland and the Northern Territory.²⁸

A National Nutrition Policy would contribute to increased prosperity

34. Many studies show poor dietary behaviour has significant health, social and economic costs for individual Australians, the healthcare system and the economy.
35. The Productivity Commission estimates that health spending as a proportion of Gross Domestic Product (GDP) will increase by 78% between 2009–10 and 2049–50. This is partly because of the expected rise in preventable diet-related chronic diseases.²⁹
36. In 2008/09, health care costs associated with diseases impacted by dietary behaviour, including heart disease, stroke, diabetes and colon cancer, totalled more than \$5 billion. Most of this cost was from medications and hospital services for admitted patients. In 2008/09, health care expenditure included:

- \$2.38 billion for coronary heart disease, with three quarters allocated to hospital services for admitted patients;³⁰
- \$1.5 billion for diabetes, with one-third for medications;³¹
- \$732 million for stroke, with about 90% for hospital services for admitted patients;³⁰
- \$427 million for colon/rectal cancer, with more than 90% for hospital services for admitted patients.³²

37. Wider costs to Australians and the economy are even more significant:

- In 2008, Access Economics estimated the total cost of obesity to Australia as \$58.2 billion;³³
- In 2009, the estimated total financial and economic costs of heart attack and chest pain in Australia were \$15 billion;³⁴
- In 2012, the estimated total financial costs of stroke in Australia were \$5 billion. Decreased productivity was the largest component at \$3 billion;³⁵
- Estimated cost of diabetes to the Australian economy was \$14.6 billion.³⁶

A National Nutrition Policy would help secure an environmentally sustainable food and nutrition system

38. Dietary intake is affected by the available food supply, which in turn is affected by the environment. Dietary patterns consistent with the Australian Dietary Guidelines provide health benefits and also reduce the environmental impact associated with foods.²

39. Overconsuming and wasting foods and drinks, including the disposal of waste food and packaging, involves greater use of natural resources and increases pressure on the environment. To ensure the food supply supports choices consistent with the dietary guidelines now and into the future, we need an environmentally sustainable food system.²

40. Sustainable diets are those with low environmental impacts that contribute to food and nutrition security and to a healthy life for present and future generations. Sustainable diets protect and respect biodiversity and ecosystems, and are culturally acceptable, accessible, economically fair and affordable. They are also nutritionally adequate, safe and healthy, and optimise natural and human resources.³⁷

International and national activities reflect the call for a National Nutrition Policy for Australians

International context

41. The World Health Organization (WHO) has called on member states to reduce the preventable and avoidable burden of morbidity, mortality and disability due to chronic disease. This requires multi-sectoral collaboration and cooperation at national, regional and global levels. If chronic diseases are no longer a barrier to well-being or socioeconomic development, populations can reach high standards of health and productivity at every age.¹²

42. The WHO suggests a series of 'policy options' for member states to adopt under a national policy and action plan.¹² These include the WHO Global Strategy on Diet, Physical Activity and Health which asks nations to support food and agriculture policies, marketing campaigns and education programs to encourage healthy eating and promote physical activity.³⁸ The strategy recommends limiting fat, sugar and salt in the diet and promoting increased consumption of fruits, vegetables, legumes, whole grains and nuts.³⁸

43. The WHO's voluntary global targets for member states to promote a healthy diet include a 30% relative cut in mean population intake of salt/sodium, halting the rise in type 2 diabetes and obesity, and a 25% relative drop in the prevalence of raised blood pressure.¹²
44. The WHO recommends "developing or strengthening national food and nutrition policies and action plans..." (p30, WHO 2013) to progress these voluntary global targets.
45. In 2015, the World Health Assembly backed the Rome Declaration on Nutrition and a Framework for Action recommending a series of policies and programmes across the health, food and agriculture sectors to address malnutrition, including overweight and obesity. Governments had previously agreed to both documents at the Second International Conference on Nutrition (ICN2), organised by WHO and the Food and Agriculture Organization of the United Nations (FAO) in November 2014.^{6,10}
46. The World Health Assembly called on governments to commit to policy changes and investments aimed at ensuring all people have access to healthier and more sustainable diets. They asked WHO to report on progress every 2 years.¹¹
47. Following advice from the World Health Assembly, in April 2016 the United Nations General Assembly proclaimed a UN Decade of Action on Nutrition from 2016 to 2025.⁷
48. The FAO has called on decision-makers to prioritise and promote sustainable diet concepts in policies and programmes in the agriculture, food, environment, trade, education and health sectors. FAO recommends that plant and animal breeders emphasise nutrition, and encourages research on the nutrient levels achieved with food biodiversity.³⁹

National context

49. Under Australia's Food and Nutrition Policy, developed in 1992,³⁸ a range of policies and guidelines have included the Infant Feeding Guidelines for Health Workers and the Dietary Guidelines for Australians.^{2,40}
50. In 2008, the National Preventative Health Taskforce recommended that the Australian Government establish a National Food and Nutrition Framework.⁴¹
51. In response to the report of the National Preventative Health Taskforce, the Department of Health and Ageing launched a National Preventative Health Strategy in June 2009. The Strategy recommended interventions aimed at reducing the chronic disease burden associated with three lifestyle risk factors – obesity, tobacco and alcohol. This was to involve a National Food and Nutrition Framework that would consider preventative health in general, and the role of prevention in reducing the rates of overweight and obesity in Australia. Food policy was to be framed in the context of practical measures to address access to food and food security, how to achieve healthier diets, food safety, and food production and agricultural policies to ensure a safe and environmentally sustainable food supply chain.⁴²
52. The Australian National Preventative Health Agency (ANPHA) was set up in 2010 to fulfil the recommendations of the National Preventive Health Strategy. The Agency was closed in 2014, and its functions transferred to the Commonwealth Department of Health.
53. In 2011, the Council of Australian Governments asked the Australia and New Zealand Food Regulation Ministerial Council to commission a review of food labelling law and policy.⁴³ The Legislative and Governance Forum on Food Regulation replaced the Ministerial Council and agreed to develop a comprehensive National Nutrition Policy. This would provide an overarching framework to identify, prioritise, drive and monitor nutrition initiatives within the government's preventive health agendas.
54. The 2012 Federal budget included funding to develop the National Nutrition Policy. This was expected to take 2 years.⁴

55. Following a tender process, in 2012, the Department of Health and Ageing commissioned Queensland University of Technology to produce a Scoping Study on such a policy.⁴ The Scoping Study recommended a contemporary, comprehensive National Nutrition Policy aligned with international recommendations to replace the 1992 policy. The new Policy would address the high and increasing rates of diet-related disease and risk factors, including overweight and obesity. It would also promote the health and well-being of the population, particularly vulnerable groups.⁴ The Department of Health received the Scoping Study in 2013 but released it only after a Freedom of Information request in March 2016.
56. The Department of Agriculture, Fisheries and Forestry developed and launched an Australian National Food Plan in 2013. It aimed to integrate food policy by considering the food supply from paddock to plate. The Plan included a chapter on Families and Communities with significant nutrition content and referred to the development of a National Nutrition Policy.⁴⁴ The Plan was rescinded and archived on 19 July 2013.
57. After a Freedom of Information request, the Evaluation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP) was released in 2015. It showed that governance and inadequate allocation of resources compromised the capacity to drive implementation of the Strategy and Action Plan.⁴⁵ It is essential that what we have learned from this evaluation is used in future national policy development – including a future national nutrition policy.

Scoping the National Nutrition Policy.

58. The Department of Health's commissioned Scoping Study to Inform the Development of the new National Nutrition Policy (The Scoping Study) recommends basing the objectives and rationale for a National Nutrition Policy on a comprehensive systematic review of the evidence.⁴ The Public Health Association of Australia, the Heart Foundation, Dietitians Association of Australia and Nutrition Australia support the recommendations presented in the Scoping Study as outlined in Table 1.

Table 1 – Recommendations from *the Scoping Study to Inform the Development of the new National Nutrition Policy*

Recommendation 1: Four key principles should inform the National Nutrition Policy for Australia:

- Food, nutrition and health – fundamental to improving the health outcomes of all Australians;
- Social equity – essential to reduce diet-related health disparities;
- Environmental sustainability – critical to ensure the supply of healthy foods now and into the future;
- Monitoring and surveillance, evaluation and review – essential to produce quality, timely data to inform policy and practice.

Recommendation 2: The recommendations of the World Health Organisation for national nutrition policies should guide the National Nutrition Policy. An appropriate framework for effective policy action is that developed by the United States Nutrition and Obesity Policy Research and Evaluation Network.

Recommendation 3: A broad range of stakeholders and interested Australians should contribute to the development process for the National Nutrition Policy.

Recommendation 4: Strong whole-of-government mechanisms with cross-sectoral and expert representation should underpin the development, implementation and evaluation of the National Nutrition Policy.

Recommendation 5: The National Nutrition Policy should set clear aims, goals, objectives and targets that are specific, measurable, achievable, practical and timely.

Recommendation 6: A comprehensive, multi-strategy approach should be adopted that includes:

- interventions to improve the sustainable supply of healthy foods;
- promotion of healthy foods;
- a decrease in the supply and promotion of 'discretionary' food choices.

Regular reviews will evaluate and determine the effectiveness of the strategy mix.

Recommendation 7: Develop a National Nutrition Policy Implementation and Action Plan that details funding and resourcing, including initiatives to build capacity.

Recommendation 8: All stakeholders should have ready access to the National Nutrition Policy. It should cover a 10 year period and be reviewed after the first 5 years.

Adapted from source: Lee A, Baker P, Stanton R, Friel S, O'Dea K, Weightman A, Scoping Study to Inform the Development of the new National Nutrition Policy, QUT, March 2013, Australian Department of Health and Ageing (RFT 028/1213). Released under FOI, March 2016

References

1. Australian Institute of Health and Welfare. Australia's food and nutrition 2012. Cat.no. PHE 163. Canberra, Australia: 2012.
2. National Health and Medical Research Council. Dietary Guidelines for Australians. Canberra, Australia: 2013.
3. Food and Agriculture Organisation WHO, editor Public Interest Civil Society Organizations' and Social Movements' Forum Declaration to the Second International Conference on Nutrition (ICN2). Second International Conference on Nutrition; 2014; Rome, Italy.
4. Lee A, Baker P, Stanton R, Friel S, O'Dea K, Weightman A. Scoping Study to Inform the Development of the new National Nutrition Policy. (RFT 028/1213) Queensland University of Technology, 2013 Released under FOI, March 2016. Report No.
5. Institute for Health Metrics and Evaluation. Global Burden of Disease data Australia. [Available from: <http://www.healthdata.org/gbd/data>; accessed 28 February, 2017]
6. World Health Organisation. Framework for Action. Second International Conference on Nutrition; Rome: World Health Organization and the Food and Agriculture Organization of the United Nations; 2014.
7. United Nations General Assembly. A/70/L.42 United Nations Decade of Action on Nutrition (2016-2025). United Nations General Assembly; 28 March 2016; New York, United States of America: United Nations; 2016.
8. World Health Organisation. WHO global strategy on diet, physical activity and health: A framework to monitor and evaluate implementation Geneva, Switzerland: 2008.
9. World Health Organisation. Population-based approaches to childhood obesity prevention. Geneva, Switzerland: 2012.
10. Food and Agriculture Organisation WHO. Rome Declaration on Nutrition. Second International Conference on Nutrition; 19-21 November, 2014; Rome, Italy 2014.
11. World Health Organisation. Provisional agenda item 13.1: Outcome of the second international conference on nutrition. 68th World Health Assembly; 24 April 2015; Geneva, Switzerland: World Health Organization; 2015.
12. World Health Organisation. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva, Switzerland: 2013.
13. ABS. 4364.0.550.003- Australian Health Survey: updated results 2011-2012 Canberra: Australian Bureau of Statistics; 2013 [Available from: <http://www.abs.gov.au/australianhealthsurvey> Accessed 31/03/15.
14. ABS. 4364.0.55.012 - Australian Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2011-12 Australian Bureau of Statistics; 2016 [Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12>. Accessed 18/10/16.
15. ABS. 4727.0.55.005 - Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13 Australian Bureau of Statistics; 2015 [Available from: <http://www.abs.gov.au/australianhealthsurvey>. Accessed 31/03/15.
16. ABS. 4364.0.55.009 - Australian Health Survey: Nutrition - State and Territory results, 2011-12 Canberra: Australian Bureau of Statistics, 2015.
17. ABS. 4727.0.55.003 - Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13 2014 [Available from: <http://www.abs.gov.au/australianhealthsurvey>. Accessed 31/03/15.
18. AIHW. Mortality inequalities in Australia: bulletin 124. Canberra: Australian Institute of Health and Welfare, 2014.
19. ABS. 4727.0.55.006 - Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13 2014 [Available from: <http://www.abs.gov.au/australianhealthsurvey>. Accessed 31/03/15.
20. ABS. 4364.0.55.005 - Australian Health Survey: Biomedical Results for Chronic Diseases, 2011-12 2013 [Available from: <http://www.abs.gov.au/australianhealthsurvey>. Accessed 31/03/15.
21. Draper G, Turrell G, Oldenburg B. Health inequalities in Australia: Mortality. Canberra: Queensland University of Technology and the Australian Institute of Health and Welfare, 2004.
22. AIHW. Cardiovascular disease: Australian facts 2011. Canberra: Australian Institute of Health and Welfare 2011.
23. Harrison M, Lee A, Findlay M, Nicholls R, Leonard D, Martin C. The increasing cost of healthy food. Australian and New Zealand Journal of Public Health. 2010;34(2):179-86.
24. Food and Agricultural Organisation. Rome Declaration on World Food Security and World Food Summit Action Plan. Rome, Italy; 1996
25. Bower C. Prevention of neural tube defects with folate. Journal of Paediatrics and Child Health. 2013;49(1):2-4.
26. Li M, Eastman CJ, Waite KV, Ma G, Byth K, Zacharin MR, et al. Are Australian children iodine deficient? Results of the Australian National Iodine Nutrition Study. Med J Aust. 2006;184(4):165-9.
27. Scholl TO. Iron status during pregnancy: setting the stage for mother and infant. The American Journal of Clinical Nutrition. 2005;81(5):1218S-22S.

Background Paper: Towards a National Nutrition Policy for Australia

28. ABS. 4364.0.55.006 - Australian Health Survey: Biomedical Results for Nutrients, 2011-12 2013 [Available from: <http://www.abs.gov.au/australianhealthsurvey>. Accessed 31/03/15.
29. Productivity Commission. The 2010 Intergenerational Report. Productivity Commission, 2010.
30. AIHW. Health-care expenditure on cardiovascular diseases 2008-2009. Cat no. CVD 65. Canberra: Australian Institute of Health and Welfare 2014.
31. AIHW. Diabetes expenditure in Australia 2008–09. Canberra: AIHW, 2013.
32. AIHW. Health system expenditure on cancer and other neoplasms in Australia, 2008–09 Canberra: AIHW, 2013.
33. Access Economics. The growing cost of obesity in 2008: three years on. Canberra: Diabetes Australia, Access Economics, 2008.
34. Access Economics. The Economic Cost of Heart Attack and Chest Pain 2009 [Available from: Source:[http://www.bakeridi.edu.au/Assets/Files/FullReport%20-%20the%20economic%20costs%20of%20heart%20attack%20and%20chest%20pain%20\(emilable.pdf](http://www.bakeridi.edu.au/Assets/Files/FullReport%20-%20the%20economic%20costs%20of%20heart%20attack%20and%20chest%20pain%20(emilable.pdf)
35. Deloitte Access Economics. The economic impact of stroke in Australia: National Stroke Foundation. 2013 [Available from: <https://www.deloitteaccesseconomics.com.au/uploads/File/Stroke%20Report%2014%20Mar%2013.pdf>
36. Johnson G, Martin JE, Timoshanko A. Preventing type 2 diabetes: scaling up to create a prevention system. *Medical Journal of Australia*. 2015;202(1):24-7.
37. Food and Agriculture Organisation, editor Proceedings of the International Scientific Symposium: Biodiversity and sustainable diets: united against hunger 2010 3-5 November, 2010; Rome, Italy: Food and Agriculture Organization of the United Nations.
38. World Health Organisation. Global strategy on diet, physical activity and health. Geneva, Switzerland: 2004.
39. Commonwealth Department of Health Housing and Community Services. Food and Nutrition Policy. Canberra, Australia: 1992.
40. National Health and Medical Research Council. Infant feeding guidelines: information for health workers. Canberra, Australia: 2012.
41. National Preventative Health Taskforce. Australia: the healthiest country by 2020: a discussion paper. Canberra, Australia: 2008.
42. National Preventative Health Taskforce. Australia: the healthiest country by 2020: National Preventative Health Strategy - the roadmap for action. Canberra, Australia: 2009 30 June 2009. Report No.
43. Blewett N, Goddard N, Pettigrew S, Reynolds C, Yeatman H. Labelling Logic: Review of Food Labelling Law and Policy. Canberra: Australia and New Zealand Food Regulation Ministerial Council, 2011.
44. Department of Agriculture Fisheries and Forestry. National Food Plan: Our food future. Canberra: Australian Government, 2013.
45. Urbis. National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan Evaluation Report. 2010.