

# **Food action for health: what works and why?**

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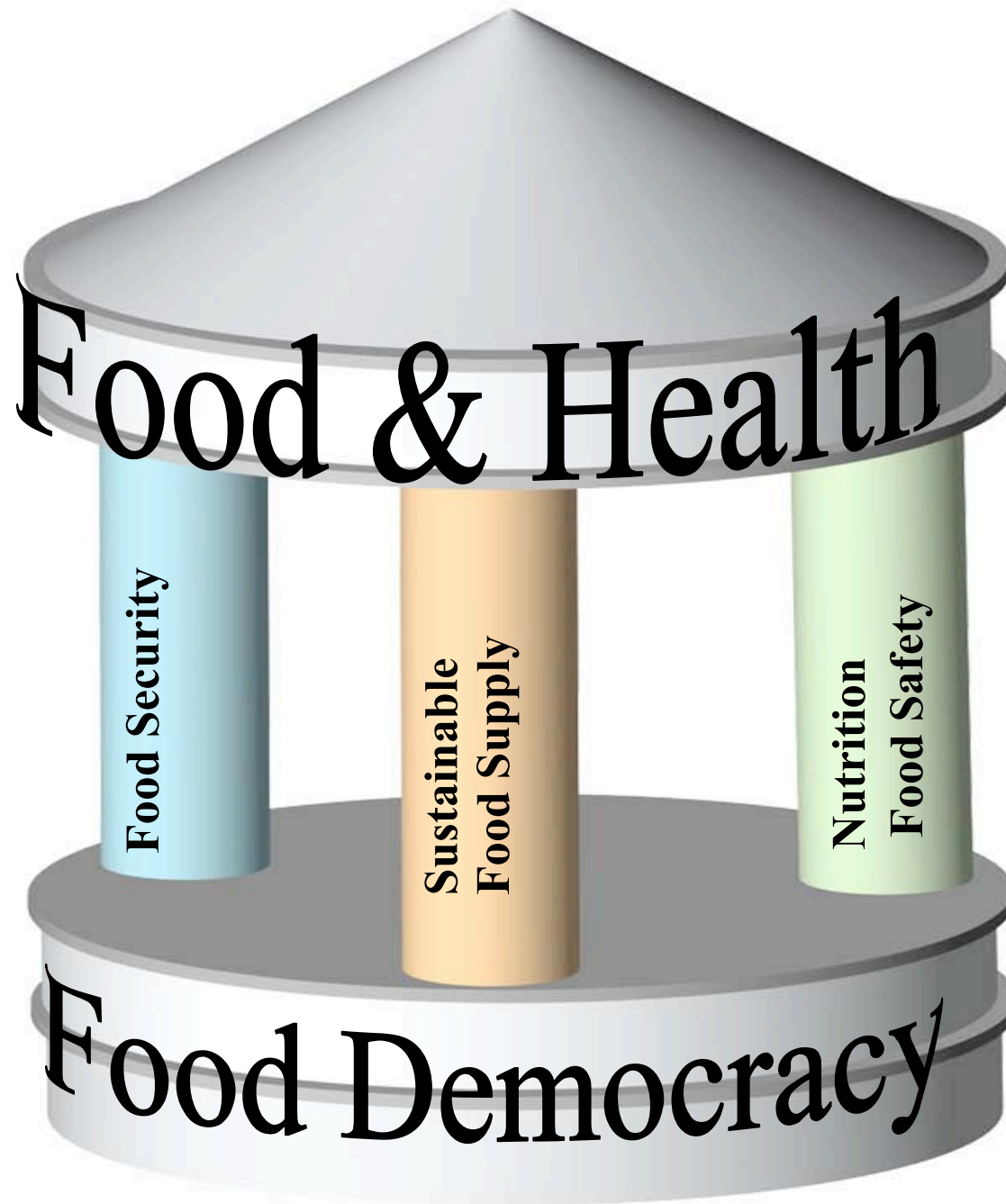
inspiring achievement

- The need for food action for health
- The need for an appropriate evidence-base
- The need to include lay knowledge
- The need for appropriate modalities of practice
- The need to learn from examples
- Conclusions

# Food action for health

Food Democracy: The right of all to safe, nutritious food. It also suggests fair access to land to grow food and fair return for those who labour to produce it. Food democracy concerns itself with the future as well: It implies economic rules that encourage communities to safeguard the soil, water, and wildlife on which all our lives and futures depend.

Small Planet Institute



Adapted from Lang, T.

- Why we need food action for health (1)

## Box 3.1.2: Health problems associated with poor diet and nutrition

*Coronary heart disease*

*Stroke*

*Type 2 diabetes*

*Some cancers*

*Bowel conditions*

*Dental caries*

*High blood pressure*

*High blood cholesterol*

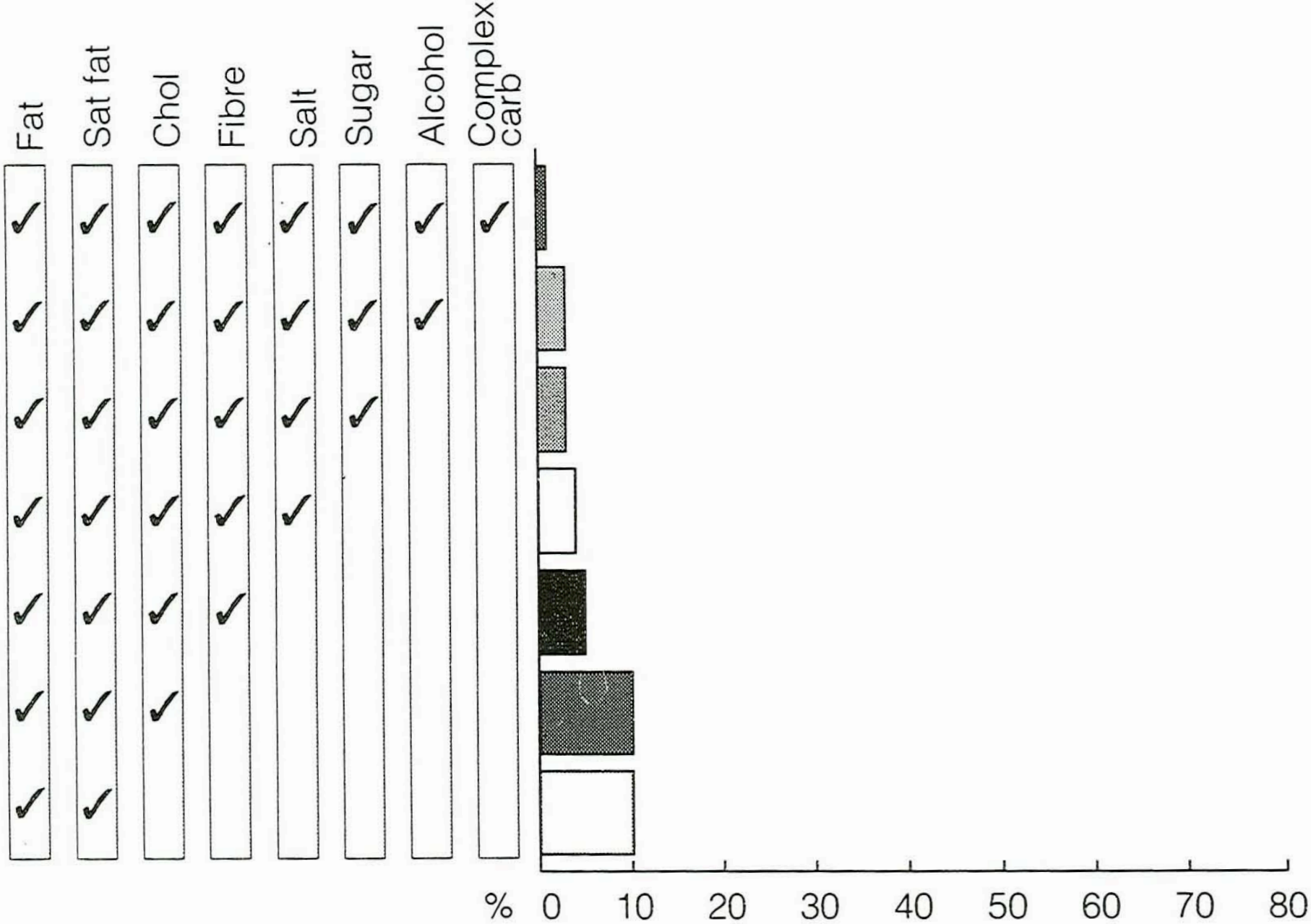
*Excess weight*

*Atherosclerosis*

## Comparison of food intake with recommended levels Australia

<b>Food group</b>	<b>Amount</b>	<b>Persons with inadequate intake</b>
Vegetables	Too little	2 in 3
Fruit	Too little	4 in 5
Cereal foods	Too little	1 in 2 men 2 in 3 women
Fat (exceeding level)	Too much	2 in 3 men 1 in 2 women
Sat fat (exceeding level)	Too much	2 in 3

# Percentages of people reaching multiple targets



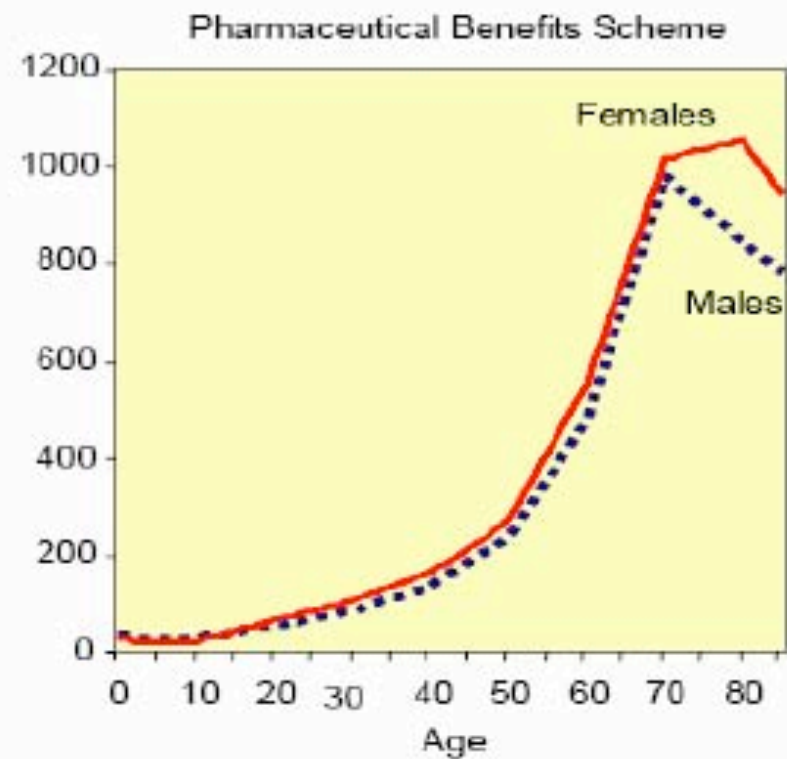
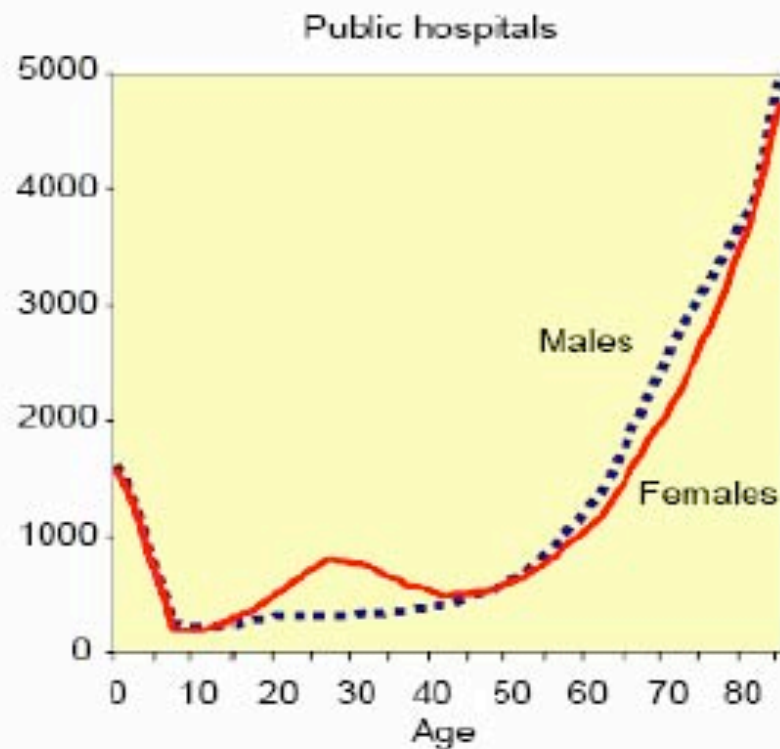
- Why we need food action for health (2)

# Financial costs of diet-related disease

- \$2000 million per year
- \$3280 million per year (including alcohol)
  
- Hospital services
- Medical and allied health care
- Pharmaceuticals
- Sick leave and lost earnings

# Health Costs rise with age

(\$ per person)



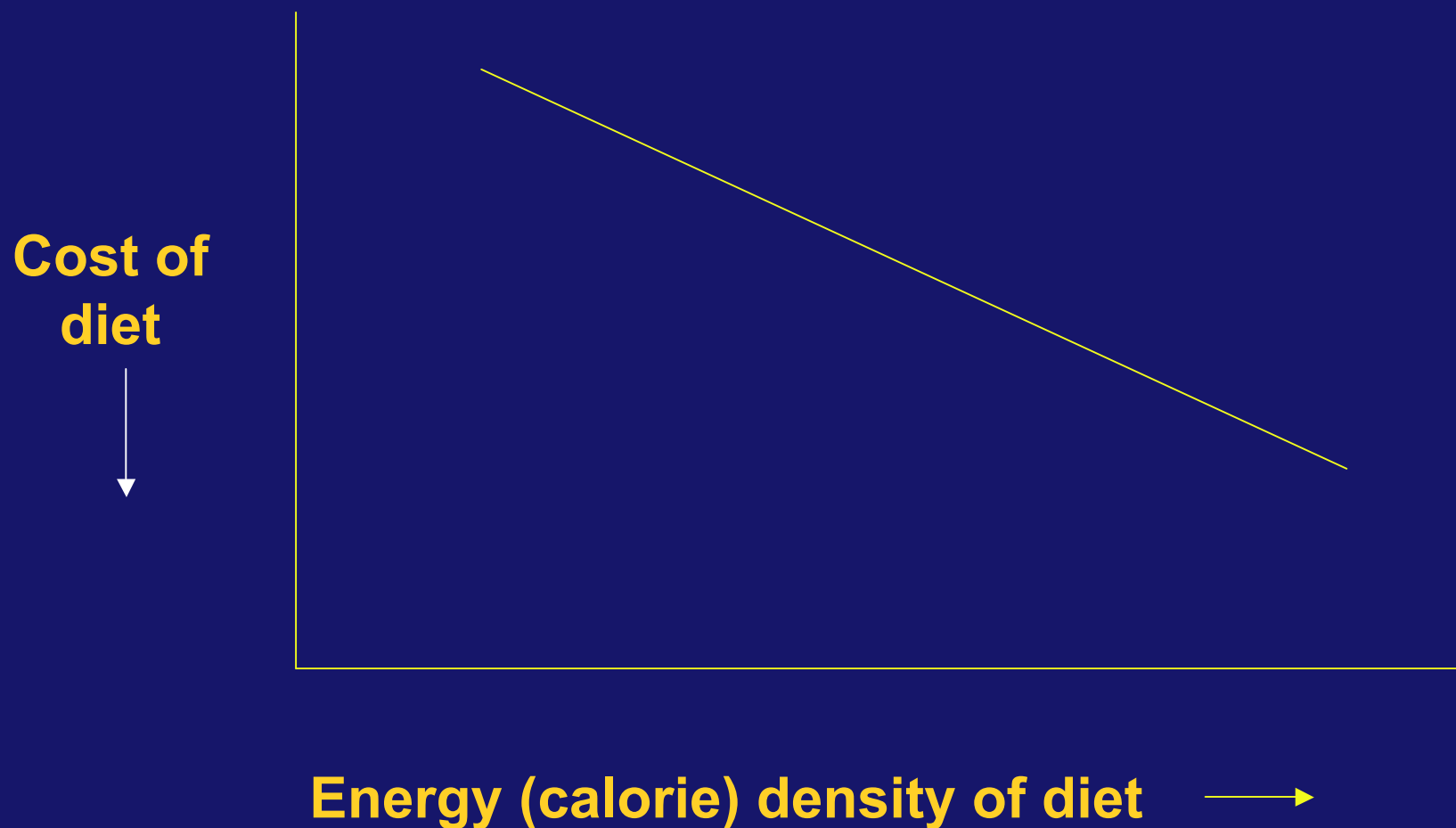
- Why we need food action for health (3)

# Costs of eating healthily

# Healthy Food Basket surveys

Wollongong	Queensland (Av)	Adelaide
2000 (\$201)	2004 (\$406)	2005 (\$250)
2001 (\$224)	2006 (\$457)	
2003 (225)		
Overall increase 2000-2003 12%	Overall increase 2004 - 2006 12%	

# Diet cost and energy (calorie) density



Adapted from Drewnowski, et al AJPH, 2004

- Why we need food action for health (4)

# Food industry bullies SA

South Australia's Health Minister Lea Stevens is the target of one of the most intense lobbying campaigns ever waged by Australia's food industry. It's a battle over allowing health claims on food labels. **Alex Kennedy reports**

It's war, and it's nasty. On one side is the goliath of the commonwealth governments of Australia and New Zealand, the state governments of NSW and Victoria, and the powerful Australian Food and Grocery Council representing the industry. Opposite are all the other states and territories, who are backed by the Australian Consumers Association, and a range of concerned national health professionals and academics on both sides of the Tasman.

The goliath group wants to allow the food industry to display a range of health claims on food labels after the claims are scrutinised by a panel of experts, but last year they got rolled at a meeting of the Food

will maintain bone density". Using "healthy blood cholesterol" makes no mention of heart disease, while "bone density" makes no mention of osteoporosis. But cholesterol and bone density are examples of what are known by health professionals as biomarkers – things that can be measured in relation to diseases (i.e. biomarkers of heart disease and osteoporosis).

The group of states that voted against allowing such labels without regulatory safeguards took advice that the public could possibly be disadvantaged. They could read into such labels, wrongly, that "maintains a healthy blood cholesterol" was good for the heart/prevented heart disease, while "maintains bone density" could be read to mean prevents osteoporosis. Concerned by this, they voted no, and war was declared.

Now in a move that has no precedent, the Food Regulation Ministerial Council, at its next meeting on March 31, will be asked to reverse its biomarker label decision of 2004. It is common for the food industry's powerful lobby groups to openly challenge food regulations as they are being drafted, but this is the first time they have set up a lobby, with the assistance of some governments, to overturn a Ministerial Council decision. And SA has been right in the sights of

the Health Department." Isolating the opposition refers to isolating Lea Stevens and her advisers. The minister preferred not to comment for this story and who can blame her. The Australian Food and Grocery Council is known to have been lobbying hard against her through senior public servants in the Premier's portfolio of economic development, and within the Primary Industries department.

The governments of NSW and Victoria have also been lobbying hard for SA to change its vote. One of the lobby group's main aims is to convince Premier Mike Rann and Agriculture Minister Rory McEwen that the "no" vote of Lea Stevens could have ramifications for the advancement of SA's food industry plan, and its economic development. In other words, they want to make things difficult for her in Cabinet.

Clare Hughes, food policy officer for the Australian Consumers Association (ACA), says consumers will be exposed to unsubstantiated health claims on food if state and federal health ministers succumb to the heavy lobbying efforts to reverse their previous decision. "Unless the claims are strictly regulated and enforced, biomarker claims could be abused, and used to market food inappropriately

and distort independent nutrition advice," she says.

Those promoting the "yes" vote on March 31 claim that by refusing the labelling, as Stevens has done, unless there are stringent public consultations and the like, the food industry is significantly disadvantaged.

They claim that the public consultation phase that was demanded would lay bare the companies' intellectual property during the period in which their evidence to back up a health-benefit claim is being investigated. They say other companies will simply reverse-engineer their product using the knowledge they gain out of the public consultation process, and so they will lose the advantage of "first to market".

The ACA and the concerned health professionals promoting the "no" vote counter that this is rubbish and simply a disingenuous way to argue the case. Professor John Coveney of the Department of Public Health at Flinders University says it certainly is rubbish when "the Therapeutic Goods Administration and the Office of the Gene Technology Regulator appear to be able to maintain product information in confidence while undergoing full public consultation".

How the March 31 vote will end up is anyone's guess. *The Independent Weekly* has been told the food industry, supported by NSW and Victoria, has spent close to \$500,000 on its lobbying to ensure that "no" becomes "yes".

None of the "no" vote states was prepared to comment on the record. There is a clear view that they feel besieged by the sophistication of the food industry lobby which has been cleverly looking to find chinks in the armor of each state or territory, rather than drive massive holes through advice it can't appear to fault. It's psychological warfare as much as it is argument.

But behind all the machinations is one worrying aspect that neither side of the argument can shy away from. If "no" turns to "yes" on March 31 then Australia has another debate on its hands. It is a debate far more vital than any that is occurring over biomarker claims on food labelling – it's who is responsible for making our food industry regulations? Is it health ministers, whose role it is to be concerned about our health, or the power of the food industry lobby groups who have the financial backing and the clout to organise to have Ministerial Council votes challenged?

# Food action for health

- What works?
  - Evidence-base
  - Contextually appropriate

# Food action for health

The need for an appropriate evidence-base

# How good is our evidence?

- The evidence imperative
- Simple trials

# Evidence-based imperative

- The complexity of community efforts
- The need to capture complexity in evaluation and evidence
- Neglecting reality and the laughter test

# Criteria for the laughter test

- To what extent has environmental context been considered?  
– location, access, availability, affordability
- To what extent have population characteristics been considered? – gender, race, class, ethnicity, age
- To what extent has the complexity of the problem been considered? – social, political, educational, biomedical
- Transferability and completeness as key criteria

# Does it pass the laughter test?

- Steptoe et al “Behavioural counselling to eat fruit and veg”
- Patients given one-on-one ongoing advice on eating more fruit and veg
- What can this study teach us?
- Realistic? Sustainable? Transferable?
- Very little about the real world

# New ideas about evidence for public health

- Hawe et al 'Complex interventions' BMJ 2004;328;1561-3.
- Rychetnik et al. 'Criteria for evaluating evidence on public health' J Epidem Comm Health, 2002;56;119-127.

# What is needed for food action on health?

# Conventional approaches

- Gavin Turrell (QUT)
  - “Compliance with the Australian Dietary Guidelines in the early 1990s: Have population-based health promotion programmes been effective?” Nutrition and Health
  - Partly – and only in certain population groups
- “[the need to account for] differential exposure to **social, structural, economic, and cultural** influences which promote or constrain healthy dietary practices”

# What is needed for food action on health?

- The need to include lay knowledge

# A comparison of socio-economic differences in knowledge of food and health

Coveney, J. Public Health Nutrition 8 (3) 290-297 2005.

# The Adelaide Family Food Study

To examine and try to understand food practices in families from different socio-economic backgrounds

# The Adelaide Family Food Study

- Area B (high income)
  - Nutritious
  - Nutrients
  - Vitamins
  - Calories
  - Fat
  - Fibre
- Nutri-centric appraisal

# Adelaide Family Food Study

- (father, High Income Area) *It's a good sign that she[daughter] does like her fruit, so I feel a lot happier that she's getting her vitamins in, in the fruit intake, whereas she's missing out on vegetables, she does make up for it a certain extent with the fruit.*
- (mother, High Income Area) *I want them to enjoy eating but I don't know how much nutritional value, if any, or how bad, for instance canned, ravioli is.*

# The Adelaide Family Food Study

- Area A (low income)
  - Growth
  - Vitality
  - Stamina ('athletic')
  - Resilience
  - Energy
- Functional appraisal

# Adelaide Family Food Study

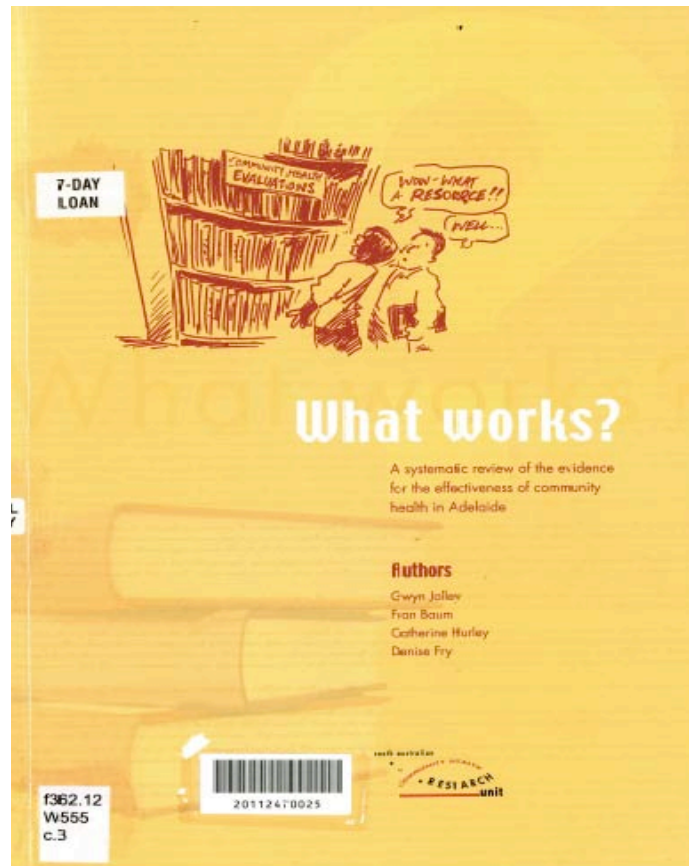
- (mother, Low Income Area)...*they are growing, you know I saw them growing well and I see them, they're eating.*
- (father, Low Income Area) *But they are so athletic see, they play football, they've both played football for years and that.*

# Lay knowledge - summary

- People have different ways of understanding food and health
- Different understandings can be the starting point of productive engagement with communities
- Lay knowledge represents a form of expertise
- Sharing expertise is a useful thing to do

# The need for appropriate modalities of practice

# Community Partnerships



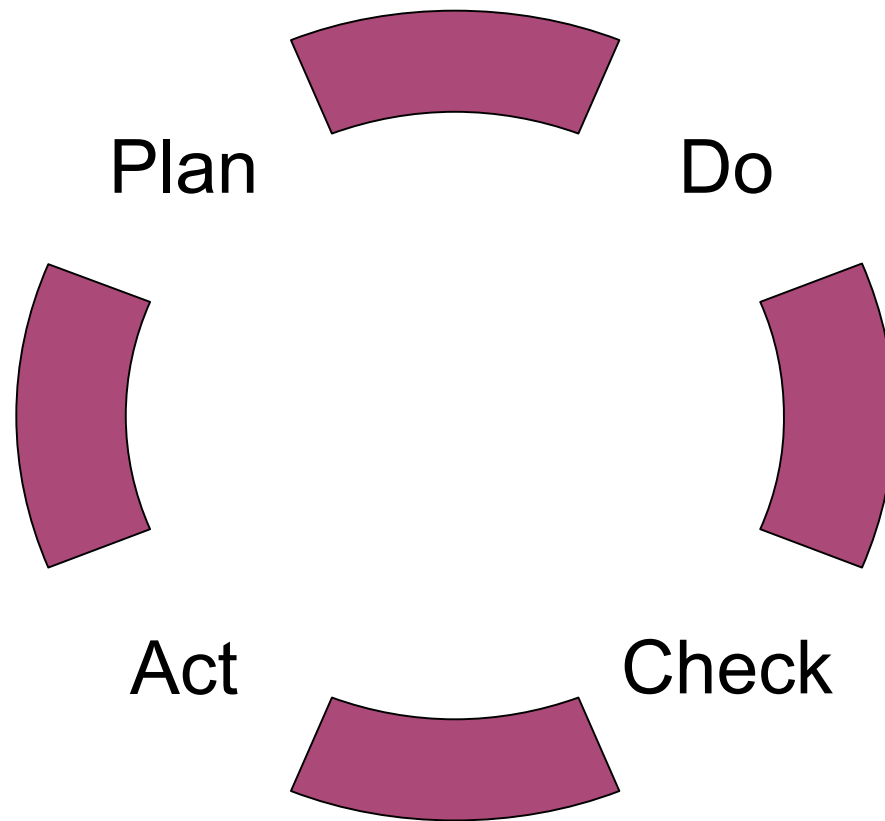
- What works? Systematic review of evidence for the effectiveness of community health in Adelaide\*
  - 4 out of 93 projects rated highly as having meaningful community participation

\*Jolley et al. 2004

# Partnerships

- Partnerships with communities, paying attention to
  - Community problems
  - Community approaches
  - Community solutions, but most importantly...
  - Community experience
- It does not mean capitulating to the views of others

# Action learning



# Action for food health

- Most important...

**Participation  
increases  
success**

# The need to learn from examples of food action for health

# 1) Example of questionable success

# South Australian Food Alliance (SAFA)



inspiring achievement

# South Australian Food Alliance (SAFA):



Australia's first conference on food,  
health and the environment

Adelaide, April, 1999



Professor Tim Lang

## South Australian Food Alliance (SAFA):

**The South Australian Food Alliance is a network of people acting to promote a healthy, safe and environmentally sustainable food supply. Alliance members include academics, public health workers, community members and consumer activists.**

## South Australian Food Alliance (SAFA):

**The South Australian Food Alliance is a network of people acting to create an alliance, for the sake of creating an alliance, with others who wanted to create an alliance.**

SAFA lesson

Don't just do something -  
stand there!

## 2) Example of unquestionable success



Department  
of Health



# Community Foodies SA – increasing the capacity of communities to promote and advocate for healthy eating



inspiring achievement



# SA Community Foodies Project

- **Project Aim** To increase access of people on low incomes to nutrition information and skills, using a peer education model.

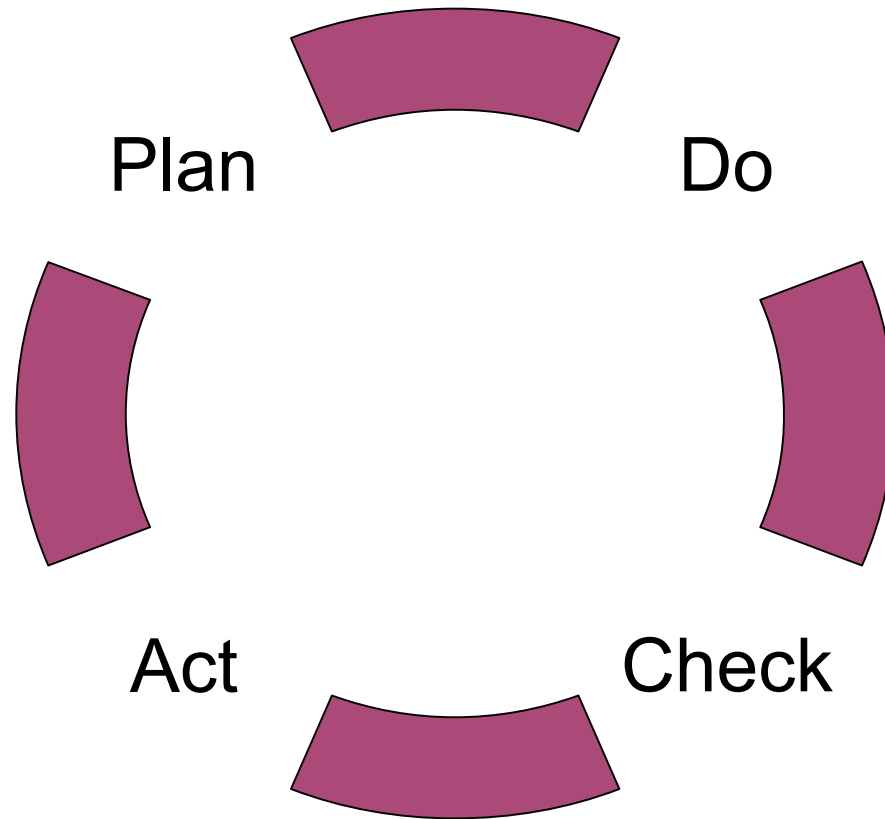


# Community Foodies



- Build advocacy role for Foodies
- Strengthen the process and model
- Remain owned and developed by local community people.





- Food action for health - conclusions
  - Need good, appropriate, relevant evidence
  - Need to prioritise lay knowledge
  - Need to prioritise participation
  - Need to celebrate, and record small successes...
  - Sydney Food Summit

Thank you!



inspiring achievement