Poor nutrition contributes to Australia’s current health problems in several ways. Heart disease and cancer, both strongly related to nutrition, remain the leading causes of death. At the same time, the prevalence of obesity and diabetes is alarmingly high, and deficiencies of vitamin D, iodine, and calcium are re-emerging.

As a consequence, policymakers, food regulators and health professionals need up-to-date and specific information about what people are eating and how much they are eating. They need to know the health and nutritional status of the Australian population. They also need to know how supplies of food and food consumption patterns are changing over time, and what food products contain. In turn, consumer education policies and tools, such as population dietary guidelines and food selection guides, need to be built on a solid foundation of knowledge about the national nutrition profile to reduce the risk of serious nutrition-related diseases and conditions. Food safety regulators also need this information to estimate current exposure to bioactive compounds that may be of concern, such as food additives and contaminants, to inform food fortification policies, and to ensure that nutrition information on food labels is relevant to current consumption patterns.

Yet, Australia is unusual among its peers for not having continuous nutrition intelligence. Health-related data about Australians are compiled biannually, but current information about food and nutrient consumption, and trends in these, is conspicuous by its absence. The United States, the United Kingdom, and many European nations have had ongoing, systematic programs for monitoring the diet and nutritional status of their populations for many years. These programs are not confined to large countries with big budgets. For example, in 2001, New Zealand embarked on a 10-year strategic plan for a coordinated national population survey program that includes nutrition surveys in adults and another in children every 10 years, with the next surveys of adults and of children due in 2007–08, and 2012, respectively.

In contrast, Australia has conducted only three national surveys of diet in the past 50 years: a national dietary survey of adults in 1983, and of children in 1985, and the National Nutrition Survey in 1995, which included both adults and children. Each cross-sectional survey was conducted by a different agency, using different sampling and collection methods and food composition data. These differences limit our ability to describe trends in food and nutrient consumption.

Several state and territory governments in Australia have established monitoring systems that survey health behaviours, including food habits. These systems provide important information for tracking change, but food production, retailing and consumption are not limited by state boundaries, and information about selected food habits is not a sufficient base on which to build nutrition and food regulatory policy. Those with commercial as well as health interests in nutrition surveillance now favour a national effort—one that goes beyond the brief encounters of cross-sectional surveys—to provide continuous detailed information on trends in food and nutrient consumption, the food supply and the nutritional status of Australians.

Continuous nutritional surveillance must form part of a comprehensive policy to combat nutritional disorders. Where such surveillance exists, such as in the US, the data have been used to evaluate dietary guidelines, revise food selection guides, develop and evaluate fortification programs, set “real-life” serving sizes for nutrition information panels on food labels, make decisions about specific food processing regulations, and model the impacts of bioterrorism threats from food contamination. The centrepiece of the US system is the continuing National Health and Nutrition Examination Survey (NHANES), which is supplemented by many other sources of data.

International experience suggests that there are two important actions for Australia to take in developing a food and nutrition monitoring system:

1. Establish a small, affordable, but statistically robust ongoing nutrition survey program, with data collected from a sample each year and reported cumulatively over a number of years. This program should be based within a federal agency that has health information responsibilities, uses consistent methods, can document and maintain databases, and reports on a predictable and timely basis.

2. Create a small nutrition monitoring unit to compile, disseminate and promote the use of all appropriate information about the food and nutrition situation in Australia for various policy, program, and regulatory purposes.

The Australian Government Department of Health and Ageing recently commissioned the preparation of a business case for a no-frills national nutrition surveillance system in Australia, and consulted widely with stakeholders on its importance and suitability. Many disparate groups in Australia—in food production, marketing, regulation, and consumer health—now concur about the need for continuous food and nutrition monitoring, as well as the imperative to find workable solutions to long-term funding needs. While a national cross-sectional nutrition survey of children is currently being planned, its value would be greater if it were the start of a continuing surveillance program. In this regard, the recent announcement by the Minister for Health and Ageing of $3 million initially for a survey of diet, physical activity, and the weight status of Australian children, and $1 million annually thereafter for the collection of similar data on all population groups in Australia, is welcome, especially if it evokes a matching response from other key data users, including the states and territories.

This may be the politically propitious moment for a long-term commitment to a system of continuous monitoring of food and nutrition in Australia.
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Poor nutrition contributes to Australia’s current health problems in several ways. Heart disease and cancer, both strongly related to nutrition, remain the leading causes of death. At the same time, the prevalence of obesity and diabetes is alarmingly high, and deficiencies of vitamin D, iodine, and calcium are re-emerging. The full article is accessible to AMA members and paid subscribers. Login to read more or purchase a subscription now. LOGIN. SUBSCRIBE. Please note: institutional and Research4Life access to the MJA is now provided through Wiley Online Library. View on Wiley Online Library. Karen L Webb1. Ingrid H Rutishauser2. Geoffrey C Marks3. Gregory Masters4. Stephen R Leeder5. surveillance one-night. 4. nutrition surveys. 4. surveys surveillance. 4. commitment? 1. nutrition. 1. surveillance. 1. long-term. 1. one-night. 1. stands. 1. Similar Publications. Please type a message to the paper's authors to explain your need for the paper. Paper: Nutrition surveys or surveillance: one-night stands or a long-term commitment? To: Karen L Webb, Ingrid H Rutishauser, Geoffrey C Marks, Gregory Masters, Stephen R Leeder. From (Name): E-mail: Only shared with authors of paper. Please enter a personalized message to the authors. More detailed explanations for your need are more likely to get a response. Send Request. Load Form Load Form. First, the cut-off points chosen to classify overweight and obesity in children are arbitrary, without evidence of an association with adverse health outcomes (unlike cut-off points for adults, which have been linked to adverse health outcomes). Second, because Australia does not currently have growth reference charts derived from the local population, a reference from another population is used; currently the US National Center for Health Statistics (now the Centers for Disease Control) growth charts are used. KL Webb, IH Rutishauser, GC Marks, G Masters, SR Leeder, Nutrition surveys or surveillance: one night stands or a long term commitment? Medical Journal of Australia vol 185 (5) pp 248-249.