

Healthy Food
in South Australian
Health Facilities

Response to Discussion Paper

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Written responses are invited by: Friday 28th March 2008

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Government of South Australia

Department of Health

Question 1: Do you have any comments on the policy aim, objectives and scope?

The Dietitians Association of Australia (DAA) commends the South Australian Department of Health on this important public health measure to improve the nutritional quality of foods and beverages available to staff, some residents and visitors to SA health facilities. DAA also acknowledges the challenges of implementing change in this complex area.

One of these challenges is to clearly define the policy aim and objectives, and then to have criteria and recommendations which follow consistently to guide implementation. The background remarks given in the discussion paper outline the problems related to overweight and obesity in the South Australian population in particular. However, the policy aim, objectives, and scope are described in a broader sense by using the term 'healthy choices', and the criteria in attachment 3 refer to a variety of nutrients, not just energy. DAA understands the logic of limiting red category foods to 20% in the recommendations on page 7 but notes the lack of positive messages in terms of promoting green category foods which would be appropriate for a healthy eating approach.

Consequently DAA encourages the Department of Health to consider if the policy is about overweight and obesity in which case the objectives and criteria would need to be expressed more narrowly in terms of energy and portion size only, without reference to dietary fibre or saturated fat. More appropriately, the policy could be viewed as a 'healthy eating' policy with recommendations which reflect this through the promotion of green category foods, not just through limiting red category foods. If a broad view is taken, then the policy might also cover issues of sustainability and environmental responsibility.

No matter which of these courses is taken, sound communication and marketing of the program to highlight the wide variety of 'healthy choices' which can be offered in contrast to focussing on the restricted items will be essential to the success of the program.

Question 2: Please comment on the principles. Are these clear? Is anything missing?

The principle of using evidence to inform strategies is appropriate but DAA is aware that there is actually little evidence in the Australian context of the impact of programs such as these, especially the impact on body weight or other quantitative indicators. Consequently the principle of evaluation of policy outcomes should be added to identify areas of the policy which are successfully implemented, or not as the case may be.

While the program aims to reduce the risk of overweight and obesity, the opportunity may be taken to address issues of environmental responsibility and sustainability in another principle. For example, encouraging the use of locally grown produce in rural areas to reduce food miles.

Question 3: Please comment on the criteria to define the foods that fall into the red category, that is the foods to be limited or restricted.

The criteria used to define red category foods appear to be somewhat aspirational. Portion control and limiting energy density are appropriate but paid and volunteer staff responsible for implementing the policy will need to be able to source sufficient variety of products to comply with the criteria. It will be important to use the evidence from States such as Queensland to evaluate the practicality of the criteria provided.

There appears to be a large emphasis placed on foods which fall into the red category, but very little is said in the discussion paper about promoting green category foods. DAA suggests that greater prominence should be given to green category foods, for example by allocating priority shelf space in display cabinets and near the point of sale.

Consistency is desirable regarding application of the criteria where red category foods may not be more than 20% of the food and drinks displayed, but it is not clear if there is a limit on how much can be sold. The criteria on page 6 state that red category foods should not be stocked in vending

machines and yet they may be sold in staff cafeteria. DAA encourages consistency in the application of criteria across outlet types.

Clarity in interpretation of the guidelines is desirable; however it is not clear if 20% refers to the volume of sales or the value of sales of food and beverages. It may be more helpful to describe the proportion of red category foods in terms of shelf space or display space. Also, the proportion should be defined according to items as sold e.g. a salad roll is one item, rather than the six or seven salad items making up the salad component.

Practical assistance may be needed for smaller outlets who may find it difficult to calculate the percentage of red category foods if they are not used to calculating percentages, let alone for the complex situation of a food outlet. The development of an audit tool to calculate percentage of shelf space or display space would be helpful.

Smaller facilities may also find it difficult to comply with the 20% rule if they are serving hot dishes in the cafeteria or staff dining room – if there are three hot dishes, then what is 20% of this on one day? In this example, it would be more practical to interpret the criteria for menu items over one week.

The discussion paper does not mention how the application of the 20% rule for red category foods will be monitored, nor does it mention what measures will be taken for non-compliance with the criteria.

Question 4: Please indicate the food supply outlets in your organisation that provide foods and drinks for staff, visitors and the general public.

This section is not applicable to the DAA response

Food supply	Yes	No	Comment
1) Cafeterias, cafes, kiosks, mobile trolleys, on-site retail outlets (managed internally or outsourced; commercially or volunteer run)			
2) Catering for meetings and functions			
3) Vending machines			
4) Catering for patient/ client education programmes			
5) Fundraising gifts, give-aways and prizes			
6) Sponsorship			
7) Advertising			
8) Promotion			
9) Meals provided by in-patient food services to staff and/or carers.			
10) Purchase and provision of foods or drinks by external agencies			

11) Food provided for Meals on Wheels, Aged Care facilities or similar.			
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Question 5: Please comment on recommendation 1: What, if any, challenges might you face in implementing this and what could be helpful in assisting you to do so?

Food supply	Policy recommendation
1) Cafeterias, cafes, kiosks, mobile trolleys, on-site retail outlets (managed internally or outsourced; commercially or volunteer run)	Limit RED foods and drinks to no more than 20% of the products displayed. RED choices are not to be promoted or displayed in prominent areas.

The wording of Recommendation 1 might be refined by defining 'Prominent areas' more specifically, for example as 'point of access' or 'point of sale'.

There are likely to be a number of challenges faced by staff, volunteers, and customers when implementing this recommendation. The limited knowledge of volunteer or paid staff about what products fit the red, amber and green categories will be a limiting factor, as will understanding of the aims and benefits of the program. A different political approach may be required for kiosks or other outlets run by volunteers who are used to seeing their efforts as benefiting their facility and its community. This might be assisted by education programs with supporting materials relevant to each type of outlet. In fact, mandatory training for volunteer or paid staff should be considered.

Resources to support training and implementation might include suitable product lists and audit tools which could be shared across outlets. Professional input from Dietitians to advise on products and in preparing, delivering and evaluating education programs would be helpful. However dietitians already employed in facilities may not have the capacity due to the demands of their existing workload to participate in implementation of the policy to any significant extent. DAA understands that Queensland has appointed a Project Officer for three years to support the implementation of the 'A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities (A Better Choice)', and has produced some materials to support health facilities to make changes. DAA encourages the SA Department of Health to follow this model.

Customers may see the changes as limiting their choices. Point of sale material to explain the program may help, along with promotional events to encourage sales of healthier food and drink options.

Industry may be unsettled by the changes, because it may perceive the changes as a threat to their operations. However experience interstate suggests that the changes offer opportunities as well as threats. Anecdotally there have been some success stories in school canteens in Queensland where more customers have been attracted to facilities by the prospect of healthier food. Best practice sites should be sought out and used as examples for other outlets to learn about successful menu choices, presentation and pricing strategies.

It is possible however that outlets may find that sales and income may drop with the reduction in red category foods being displayed or available. In this case, providing alternative income streams may be appropriate, along with ideas for promoting sales of healthy food and drink choices.

Reviewing procurement policies for SA health facilities might be helpful, to ensure that the best prices are secured for healthier products, and to encourage manufacturers to produce goods in smaller portions.

Rural and remote health facilities might have difficulty in obtaining sufficient variety of appropriate portion controlled healthy foods. Managers of these facilities should have access to resources or

advice which give examples of appropriate foods to stock, and access to bulk buying power provided by procurement policies.

Question 6: Please comment on recommendations 2-5. What, if any, challenges might you face in implementing these and what could be helpful in assisting you to do so? Should there be any exemptions?

2) Catering for professional meetings and functions	Must not supply RED foods or drinks
3) Vending machines	Must not stock, promote or advertise foods and drinks from the RED category
4) Catering for patient/ client education programs	Must not provide, stock, promote or advertise foods and drinks from the RED category
5) Fundraising, gifts, give-aways and prizes	RED foods and drinks must not be used for fundraising purposes, gifts, giveaways or prizes.

There is an inconsistency in recommendations 2 and 3 where red category foods are excluded from professional meetings, functions and vending machines, however they may be sold in staff cafeterias. Consistency across settings is desirable.

Recommendation 4 should be excluded from the policy in the same way as inpatient meals are excluded, as there may be times where red category foods are appropriate, for example at a meeting of patients/clients with cystic fibrosis who require a high energy diet. Even so, facilities should be encouraged to offer healthy choices wherever possible.

DAA suggests that gifts, give-aways and prizes should be exempt under Recommendation 5 because even if foods or beverages are high energy, low nutrient types they are generally given away in limited quantities, and such foods or beverages may be included in a healthy eating plan if only consumed occasionally. Nevertheless, health facilities staff and volunteers should be encouraged to use alternative items to red category foods for gifts etc. where possible.

However, DAA agrees that red category foods and drinks should not be used for fundraising purposes.

Question 7: Queensland Health’s strategy recommends that alcohol is not used as a gift or fundraising prize and advocates caution in serving alcohol at functions, meetings and events. Drug and Alcohol Services SA supports this approach.

Please comment on whether the SA policy should refer to alcohol?

DAA believes that the SA policy should not refer to alcohol. Although alcoholic beverages may contribute energy to dietary intake with no other nutritional benefit, sensible alcohol use is a separate issue and should be addressed independently. Moreover alcohol is not served regularly in SA Health facilities, unlike other basic menu items.

Question 8: Please comment on recommendations 6-8. What, if any, challenges might you face in implementing these and what could be helpful in assisting you to do so?

6) Sponsorship	No promotion of RED category choices by association.
7) Advertising	RED category foods and drinks must not be advertised on equipment or at point of sale.
8) Promotion	RED category foods and drinks must not be promoted beside cash registers, at reception desks or counters in waiting areas, at entrances or exits or placed at eye level or on top of or within cabinets, fridges, shelves or free-standing displays.

The recommendations are appropriate but challenging. There are likely to be financial implications where direct benefit from sponsorship is foregone, or the pricing of a product is affected without consideration of sponsorship. For example, some drinks refrigerators are provided by beverage manufacturers at no cost if their brand appears on the refrigerator and their brand is sold exclusively. Consequently capital support may be required to ensure that supply of equipment is not compromised. Furthermore staging of this aspect of the policy may be appropriate to allow time for the financial implications to be fully assessed, and for alternative funding to be set up if needed.

Staff buy-in will be needed to ensure their support for implementing changes and this may be assisted by training programs.

The policy should include the necessity to monitor implementation of the policy and what action will be taken if facilities do not comply with these recommendations.

Question 9: Do you agree with recommendations 9-11?

9) Meals provided by in-patient food services to staff and/or carers.	Outside of this policy, but where possible healthy options should be offered.
10) Purchase and provision of foods or drinks by external agencies	Outside of this policy, but where possible healthy options should be encouraged.
11) Food provided for Meals on Wheels, Aged Care facilities or similar.	Outside of this policy.

Recommendation 9 is likely to pose problems for smaller facilities which use the same menu items for inpatient meals and staff cafeterias i.e. the needs of these two groups are different. Perhaps the same hot meal choices can be provided but the criteria relating to red category food items in staff cafeterias should apply to retail items.

Recommendation 10 is not clear i.e. does this refer to outside catering for a professional meeting for example, or does it refer to the operation of franchises in the foyer or in the grounds of a large health facility? In-house operations may be resistant to implementing the policy if a franchise can operate freely in the immediate vicinity without being bound by the policy.

Question 10: How long do you think it would take you to implement the proposed policy recommendations?

Please describe your reasoning, including any barriers to implementing particular recommendations and what would help you to overcome these?

The time to implement the policy recommendations will depend on a number of factors. An introductory phase should include an education component to inform stakeholders at all levels

about the program and to motivate staff to buy into the recommended changes. Those responsible for implementing the recommendations will need to assess any implications for funding, and may need to wait for their next funding round to implement planned changes, especially if they have had substantial sponsorship agreements in place. New equipment may be needed, such as unbranded refrigerators, changes in suppliers may be needed and recipes modified.

Proper resourcing at each level in the health facility will be needed to implement policy recommendations. Resources will also be needed at a central location to assist health facilities statewide. The appointment of a dietitian as a project officer, preferably someone with food service or food industry experience, is recommended to assist sites with understanding the nutrition criteria, and with practical ideas on implementing the policy recommendations. Development of education resources, point of sales materials, audit tools etc will be crucial to easing the introduction of different products.

Question 11:

Who are the key groups who would need to know about this policy?

Who in your organisation do you think would support this policy?

Who in your organisation do you think might not support this policy?

What suggestions do you have for bringing key stakeholders on board in policy implementation?

Key groups will include food service managers, managers of volunteer programs, Dietitians, executive officers and Boards, finance managers and fundraising/sponsorship officers, occupational health and safety officers, health promotion staff, and consumers.

It is difficult to anticipate who will support the policy, and who will not. Successful implementation of policy recommendations will require good support through appropriate additional resources for health facilities, a strong marketing strategy, appropriate pricing strategies, and good communication about success stories.

Question 12:

How significant an issue would the financial impact be for your organisation, and how would you propose it be overcome? Provide financial examples if you wish.

This question is not applicable to DAA as an external organisation. Comments have been provided in other sections regarding financial implications of implementing policy recommendations.

Question 13: Has your organisation, or a particular part of your organisation or staff group, already adopted or implemented a healthy food/ healthy eating policy or put into place any strategies or programs to provide and promote healthy food?

If yes, please summarise below. Please provide any attachments if you wish.

DAA encourages the sharing of ideas from the successful introduction of changes from interstate experiences in the first instance, and from South Australia as the program is implemented.