



***Food Policy and the Environment
Bridging the Gap***

Workshop Two



This document provides a summary of the presentations and discussion which took place at a workshop organised collaboratively by Horticulture Australia Limited, the Australian Egg Corporation and Meat and Livestock Australia at the offices of Horticulture Australia Limited on 23 July 2009.

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Food Policy and the Environment - Bridging the Gap

Workshop Two

Introduction

Following the successful meeting *Food policy and the environment – bridging the gap* held in February 2009 which brought public health and primary industry together to talk about environmental sustainability and food policy, a second meeting was held in July 2009.

During the first meeting, presentations from primary producers, primary industries, environmental scientists and economists, provided public health representatives with a comprehensive insight into issues, challenges and opportunities from the primary industries' perspectives.

This second meeting was organised to provide primary industry with a similar perspective of the public health arena.

A key conclusion from the first meeting was that public health and primary food producers, while sharing an interest in similar issues relating to the sustainable production of food, have a different understanding of, and vocabulary for, many fundamental concepts such as “productivity” and “food security”.

This second meeting, therefore, aimed to produce an overview of the context, challenges and opportunities faced by each sector. The discussion focused on the concepts of “productivity” and “food security” to highlight and work through the different perspectives.

The following presentations were made at the meeting and are available on website (www.aecl.org, www.horticulture.com.au and www.redmeatandnutrition.com.au)

Public health issues: an overview - Prof Tony Worsley - Professor of Public Health at the University of Wollongong.

Key public health issues in relation to the current and future food supply in Australia – Dr Amanda Lee - Manager of Nutrition and Physical Activity, Queensland Health and Associate Professor in Nutrition at the University of Queensland.

The nexus between environmental sustainability, equity, food and health – Dr Sharon Friel - Director, Global Health Equity Group, International Institute for Society and Health at University College London and a Fellow at the National Centre for Epidemiology and Population Health at ANU.

Priorities for understanding what a healthy and sustainable diet is – Dr Mark Lawrence - Associate Professor in Public Health Nutrition at Deakin University.

The following notes capture the essence of the presentations and the discussion that followed in the first (primary producer focus) and the second (public health focus) meeting.

Primary Industry Perspective

PRODUCTIVITY

- A measurement of the efficiency of production, taking the form of a ratio of the output of goods and services to the input of factors of production.
 - Outputs = volume/value of food produced
 - Inputs = resources (i.e. fertiliser; fuel; land; labour; capital investment)
- Variability beyond the control of producer decreases outputs relative to inputs
 - Weather, seasonality, pests/weeds/disease, climate change, land availability and suitability, government regulation/restrictions and consumer preferences
- Price takers at the end of a long, complex supply chain. Prices received are controlled by global commodity prices, exchange rates, retail market dynamics, import competition, government restrictions and subsidies.

Challenges

- Complex decision-making which must balance financial, environmental and social dimension
- Declining rate of growth in global yields (tonnes/hectare) – climate change, less R&D
- Volatility of prices for key inputs
- Farm-gate share of retail price small and declining
- Need to adapt to climate change
- Emissions trading schemes
- Appreciation of land values, particularly in southern Australia
- Sustainability of rural communities and farming families
- Need to respond to market demands (type of food, social concerns, biofuels), size and concentration
- Increasing government regulation on land management to meet environmental outcomes
- Decline in rural community services (difficulty attracting labour and ageing workforce)
- Low investment levels (most are small businesses with marginal or negative profitability)

Opportunities

- Genetics, nutrition and enhanced management practices
- Good management of natural resources
- New technologies to reduce variability, improve efficiency and reduce labour costs e.g. mechanisation, sensor technology, robotics, automation, intensification
- Cost effective resources
- Flexibility and versatility in response to market demand and weather

FOOD SECURITY

Challenges

- Meeting world food demand with diminishing land and water resources
- Important issue for agriculture globally
- Increasing population (meeting demand)
- Need to reduce dependence on fossil fuels and develop alternate forms of energy sources to meet demand without putting further pressure on food production (e.g. biofuels)
- Need to increase productivity per unit area (1.4% annually required globally)
- Extreme weather events, disease and other causes of catastrophic crop failure

Opportunities

- Improved management of natural resources
- More efficient use of other resources (production footprint)
- More flexible and versatile production systems and supply chains
- Increased investment in appropriate R&D leading to enhanced skills and technology
- Reduced food wastage (better preservation)
- International trade policy delivering optimal and equitable availability of food

Public Health Perspective

PRODUCTIVITY

Context

- Productivity is not a common public health word. Instead, public health is about understanding factors that influence people's health and finding ways of improving it. Hence, public health's interest in the food system is in relation to its impact on health indicators and the social determinants of health. Public health attempts to improve the health of the whole community, which will have positive benefits in increasing the productivity of the workforce and society more broadly.
- Public health is interested in the many factors that directly or indirectly influence health, including government policy; social policy; economic policy and practices; agricultural policy; structural determinants (housing; transport; sanitation); community context; as well as individual and environmental factors.
- "Flourishing lives" is a key outcome variable. Indicators of public health reflect the multifactorial nature of public health and include health indicators (mortality; morbidity; life expectancy; quality of life); economic indicators (food price), and social indicators (socioeconomic status).
- Health issues of concern are the "new" epidemic of metabolic diseases (obesity, diabetes, cardiovascular disease and cancer); malnutrition, and nutrient deficiencies.

- Intersectoral collaboration is critical for public health since many of the factors that influence health are beyond the control of individuals (and hence outcomes are not always achieved through education and behaviour change of individuals alone).
- These factors are also not traditionally the responsibility of the health sector – consequently public health collaborates with different sectors to advocate and support inclusion of health outcomes in their decision-making.
- The current health system in Australia is fragmented, both within health and across relevant sectors, making consistent and coherent decision-making on public health issues challenging.
- Current health resources are primarily directed towards treatment (with its short term, visible outcome goals), rather than prevention (with its long term, more complex goals).
- Health and disease are the result of a complex mix of many social and biological influences which are difficult to measure. However there is clear evidence of the need to intervene to prevent ill health and good and growing evidence that prevention can be highly effective.

Challenges/opportunities

Healthcare costs are predicted to rise with increasing ill health resulting from the obesity epidemic and related chronic diseases as well as an aging population.

- Governments will need to address rising healthcare costs.
- Preventing nutrition and lifestyle factors that contribute to poor health can reduce healthcare costs substantially.
- There is growing evidence about the role of specific public health interventions in contributing to healthcare cost savings.
- Health, social, environmental and economic issues all need to be considered in the development of effective public health policy and practice.
- Those responsible for factors contributing to ill health should be more accountable. Short term 'productivity' transfers economic, social and environmental costs downstream, mainly to the public sector. Currently, taxpayers pay for healthcare costs caused by poor diets and lifestyles.

The combination of sedentary lifestyles and the increase in highly-marketed, accessible and cheap high energy, nutrient poor foods is contributing to obesity.

- The current economic, free market tends to favour value-adding of cheap ingredients with added salt, fat and sugar resulting in greater availability of more affordable energy dense, nutrient poor food in comparison with more wholesome, nutrient-rich, lower energy dense foods such as fruit and vegetables.
- Partnerships are required with food industry to improve formulation of processed foods and to increase the promotion and marketing of whole foods which are nutrient-rich and less energy dense.

Changing eating behaviours and lifestyles are contributing to a disconnection between food values and food preparation and consumption patterns.

- Strategies to improve culinary competence are required.

- Nutrition policies must accommodate social and lifestyle changes.

A coherent, overarching food policy is required to:

- Remove inconsistencies
- Facilitate co-operation between different sectors
- Integrate the responsibility for public health into non-health sectors.

FOOD SECURITY

Context

- Food security relates to the availability, affordability and acceptability of food.
- It is a major determinant of health outcome and is linked to human rights and equity issues.
- Factors affecting food security at a global and national level are different to those at the household and individual level.
- At the global and national level, food security is about meeting demand for adequate, nutritious food. Factors of interest are those which influence the ability to produce and supply adequate, safe and sustainable food supply; the type of food produced; the way it is distributed; and the nutritional and food safety quality of the food available for consumption.
- At an individual level, food security is about an individual's ability to access nutritious foods and is influenced by an individual's income and physical constraints. All social classes are implicated (i.e. there is a social gradient) - the extent and issues involved will differ across social classes.
- Food insecurity increases as the household income declines since food represents a greater proportion of the household income. Hence, rising food prices will affect households differently according to income level.
- The economics of food choice theory suggests that energy-dense, nutrient-poor foods are the cheapest options to satisfy hunger, and this energy-cost differential restricts capacity to access healthy food.
- Healthy foods (nutrient rich, low energy), such as fruit and vegetables, tend to be more expensive than unhealthy (energy rich, nutrient poor) foods, such as carbonated soft drinks.
- Improving food literacy and budgeting skills can help people to source and prepare low cost nutritious foods
- Healthy foods tend to be more expensive and less available in remote, rural and low income areas.

Challenges/opportunities

Impact of food supply on health:

- Food price indexes are based on type of foods purchased rather than the need for healthy, nutritious foods, making it difficult to highlight inequities.
- Export subsidies and import restrictions create an imbalance in food availability between countries. Better representation of public health and environment in trade negotiations is required to ensure consideration of health equity and environmental impact assessments in future food trade agreements.

- Type and availability of retail outlets determines the range of foods available and the prices paid. Issues differ according to urban, rural and remote areas.

Climate change will increase food prices and consequently, health inequity.

- Decreasing fuel and subsequent fuel policies will also impact on the food supply and food prices.
- Preventative strategies are required to (a) decrease impact of food production on climate change and (b) increase its resilience to climatic shocks.
- Strategies include environmentally sustainable agricultural practices, land use policies, tax incentives and supportive infrastructure.
- Evaluation of the environmental sustainability of food choices is complex and will need to consider environmental, social as well as nutritional issues. To date, metrics are not available to perform the evaluation.
- It is unclear whether recommendations should be prescriptive or whether a more general, broad principles approach is required. However, it is agreed that foods which are good for health are generally good for the environment.
- Wastage is not a key issue for public health.

Conclusion

This activity and the process used has resulted in a cohesive group representing different interests, perspectives and sectors able to share thoughts and ideas in a mutually trusting environment.

As a result, each sector has a broader understanding of the issues and challenges faced by the other.

Interestingly, although the terminology used by each sector differs, both appear to share similar values, goals, issues and challenges. Both are subject to complex decision-making which involves balancing economic, environmental and social dimensions to ultimately achieve “flourishing lives”.

There is, therefore, an opportunity for these sectors to collaborate to achieve this mutual goal. Each sector comes with different strengths which are potentially complementary. Primary industry places more emphasis on economic and environmental indices whereas health is more concerned with social indices. However, both are required to build a coherent case for achieving government support.

A third workshop is planned for November to work out how these two sectors can work together constructively to achieve common goal.

Appendix: List of Participants

| Name | Title | Organisation |
|--------------------------|--|------------------------------------|
| Nick Costa | Professor of Sustainable agriculture | Murdoch University |
| Steve Crimp | Climate Impacts Scientist | CSIRO Sustainable Ecosystems |
| Angus Crossan | Program Manager – R&D | Australian Egg Corporation Limited |
| Neil Doyle | Facilitator | |
| Veronique Droulez | Marketing Manager - Nutrition | Meat and Livestock Australia |
| Sharon Friel | Fellow of National Centre for Epidemiology and Population Health at ANU & Director of Global Health Equity Group, International Institute for Society and Health, Uni College London | Australian National University |
| Claire Hewat | Executive Director | Dietitians Association Australia |
| Angus Hobson | Manager Communication & Research Adoption | Meat and Livestock Australia |
| Yelli Kruger | Program Manager – Marketing | Australian Egg Corporation Limited |
| Mark Lawrence | Associate Professor Public Health Nutrition | Deakin University |
| Amanda Lee | Manager, Nutrition and Physical Activity, Health Promotion Branch | Queensland Health |
| Don Matheson | Public health specialist on food security for the Pacific Island countries | WHO WPRO regional office |
| Sarah Pennell | General Manager - Professional services | Horticulture Australia Limited |
| Malcolm Riley | Regulatory and Policy Manager - Nutrition | Dairy Australia |
| Chris Rowley | Health Co-ordinator | Horticulture Australia Limited |
| Peter Williams | Associate Professor Nutrition & Dietetics | University of Wollongong |
| Tony Worsley | Professor of Public Health | University of Wollongong |