

## NUTR2000 NOTES

### LECTURE 1 – INTRODUCTION TO PHN

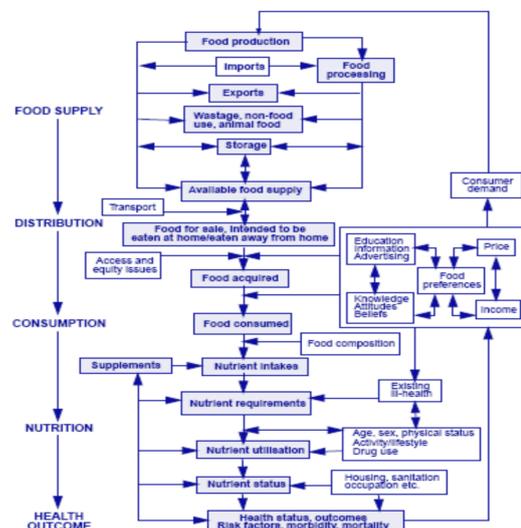
- **Public health nutrition:** the promotion and maintenance of nutrition-related health and wellbeing of populations through the organised efforts and informed choices of society. Whilst PHN has a similar focus to clinical nutrition (i.e. it looks into the disease-diet relationship and the provision of physical, mental and social well-being), it differs from clinical nutrition in that it focuses on whole populations as opposed to specific individuals. Additionally, PHN is heavily reliant on policies, guidelines, and preventative strategies to carryout widespread influence.
- **Examples of diet and disease relationships:**

Dietary Factor	Reduced risk
High intake of plant foods	Type 2 diabetes and gastrointestinal cancers
High intake of plant foods, low salt intake	High blood pressure and stroke
High intake of plant foods/dietary fibre, low fat/saturated fat intake	Cardiovascular disease, and overweight/obesity
Low alcohol intake	Most cancers and liver cirrhosis
Low sugar intake	Tooth decay

- **Dual burden of disease** refers to the co-existence of under- and over-nourishment within the same country. For example, affluent populations within South Africa are over-nourished, whereas South African populations afflicted with food insecurity and poverty are undernourished.
- **Nutritionally vulnerable groups in Australia:** individuals/communities who are vulnerable to food insecurity. These groups include Indigenous people and refugees, along with those who are afflicted with low income, remoteness, homelessness, or illness.

- **The Food and Nutrition System:**

- The Food and Nutrition System is critical in public health nutrition, as a variety of factors can affect the production to consumption process; which in turn has implications on a population-level. For example, rural communities may have less access to fresh produce, which limits the type of foods they can acquire/consume and in turn may result in poorer health outcomes for that population.



- **The Socio-ecological Framework:**

- The Socio-ecological Framework is a multifaceted framework that identifies 4 domains, namely **Macro** (e.g. societal and cultural norms/values, and the food and beverage industry), **Physical** (e.g. home, work, and school), **Social** (e.g. family, friends, and peers), and **Individual** (cognitions, and skills and behaviours); which collectively interact to influence food choices. By identifying the factors that influence food consumption and in turn health, the socio-ecological framework can be used in PHN to inform health policies/guidelines, and to guide assistance programmes; with the overall aim to improve health outcomes. For example, factors from each domain have guided the SBP (i.e. **Macro**: food assistance programs, **Physical**: school setting, **Social**: role-modelling/peer influence, **Individual**: cognitions, and skills and behaviours).

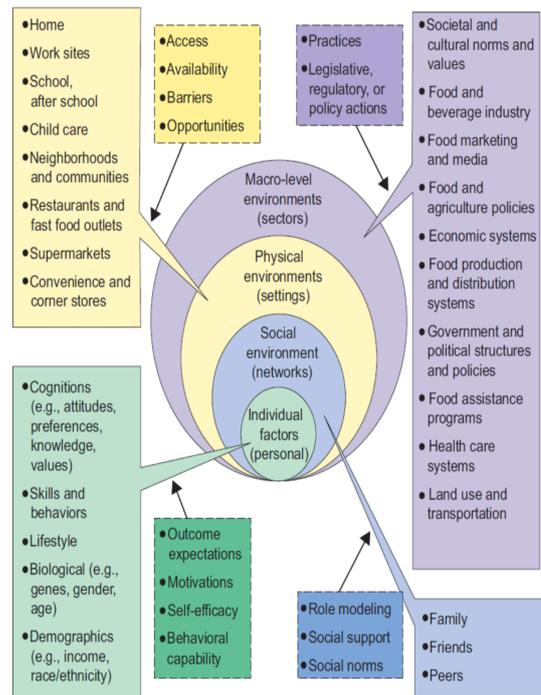


Figure 1  
An ecological framework depicting the multiple influences on what people eat.

- **Nutrition policies and policy strategies:**

- Whilst Australia does not have a current national nutrition policy, there are global as well as historical Australian policies that can be used as exemplars. From a global perspective, the World Health Organisation (WHO) is leading the way with the 2004 “Global Strategy on Diet, Physical Activity & Health”. It was recently reviewed and found to still be applicable.
- From a historical Australian perspective, policies have included the Eat Well Australia 2000-2010, which focussed on the prevention of overweight/obesity, increasing consumption of fruit and vegetables, promoting optimal nutrition for women, infants and children, and improving nutrition of vulnerable groups.

- **‘Hard’ and ‘Soft’ nutrition policies:**

- **Hard strategies** are mandatory strategies that involve structural change/supportive environments. By contrast, **soft strategies** are voluntary and focus on individuals/education. Examples of hard strategies include the sugar tax in Mexico and Chile (which has reduced sugar-sweetened beverage consumption, and has increased water intake), along with the mandatory requirement of a Nutrition Information Panel (NIP), ingredient list, and allergy information on food products in Australia. By contrast, examples of soft strategies include the promotion of healthy behaviour via the Dietary Guidelines, Australian Guide to Health Eating document, and education programs e.g. Food Sensations.