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Analysing health claims policy in Australia: a case study of evidence in food and nutrition policy-making
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Purpose: Health claims generally describe an association between a food product and a health outcome. There is debate whether health claims promote or obstruct healthy food selection behaviour. This study investigates the role of evidence in food and nutrition policy-making. The research question is how and why was health claims policy made in Australia? The research is innovative in its critical analysis design and its focus on building theory to help improve food and nutrition policy-making processes and outcomes.

Methods: A case study design was adopted in which events, stakeholders and issues associated with the policy review were described from data generated from interviews and documentary sources. A content-analysis tool is being used to critically analyse textual data. Concepts in the text are being identified and relationships among the policy concepts, stakeholders and processes are being mapped.

Findings: The analysis of data associated with the policy review is revealing a pattern of relationships among stakeholders, processes and concepts around shared values, beliefs and interests towards food and health. Broader food regulation contexts have influenced the decision-making environment. The pattern of relationships shares common characteristics with Sabatier’s ‘Advocacy Coalition Framework’ theoretical explanation of policy-making.

Conclusions: The study findings have implications for health claims policy and practice in Australia. As a case study of evidence in food and nutrition policy-making, this research highlights the role of competing interests, beliefs and values in evidence interpretation. Challenges are identified in undertaking food policy research.

Developing food and nutrition policies: challenges associated with the policy making process
Timothy Armstrong - World Health Organization; Amalia Waxman - formerly World Health Organization

A few preventable risk factors account for a large proportion of the global disease burden. Significant changes in diets and physical activity are resulting in a transition in disease burden from infectious/communicable diseases to chronic/noncommunicable diseases. This transition has led the World Health Organization (WHO) to intensify its efforts on prevention of chronic diseases and their risk factors over the past five years. This culminated in the 2003 adoption of the Framework Convention on Tobacco Control and the 2004 adoption of the Global Strategy on Diet, Physical Activity and Health (DPAS). The development of these policy tools generated intense political debate that shaped the final outcome.

Development of DPAS involved intensive consultations with WHO Member States, UN agencies, the private sector and nongovernmental organizations. This multistakeholder input enriched DPAS, but also posed serious political challenges to its formulation and adoption. Evidence of the growing chronic disease burden was critical in showing the need for this work at the global level. Still, the evidence base for setting upper limits for population nutrient intake goals was challenged by agriculture producers, food and drink manufacturers, and some government agencies. Interventions addressing environmental influences on individual dietary and physical activity patterns were also challenged.

In order to ensure the development of a comprehensive strategy for Member States, WHO was required to intensify its advocacy efforts, and address research questions traditionally outside its immediate competency. The political spotlight illuminated the evidence of the global toll of chronic diseases, as well as the need for strong evidence and effective interventions as WHO moves forward to prevent and control chronic disease morbidity and mortality.

Evidence and values in the good food/bad food debate
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Purpose: The aims of this paper are to review the status of the ‘good food/bad food’ debate, to examine the role of evidence and values in this debate and to explore how a resolution to the debate might impact upon food and health policy.