



ADAVB RESPONSE TO THE  
‘HEALTHY AND HIGH-  
QUALITY FOOD IN PUBLIC  
HOSPITALS AND AGED CARE  
FACILITIES’ – FOOD AUDIT

28 November 2019



## Contents

Introduction .....	2
Summary of recommendations .....	4
1 Audit scope .....	6
1.1 The audit should include all food and beverage providers in hospitals and aged care facilities .....	6
1.2 Added sugar in inpatient menu items and items available from vending machines and retail outlets should be specifically assessed within the audit criteria.....	6
2 Update the Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities (2009) to remove foods high in added sugar.....	7
3 Provision of healthy food and beverages in hospitals and aged care environments should be mandatory, have annual reporting requirements and be independently audited.....	8
4 Improve the nutritional value of food and drinks in aged care settings.....	9
5 Case studies – utilise examples of successful interventions to inform the improvement of the nutritional value of food and drinks available in public hospitals and aged care facilities .....	11
5.1 Public health facilities: voluntary removal of sugary drinks, diet soft drinks and junk food from sale.....	11
5.2 Residential aged care – initiatives to improve nutrition.....	12
6 Conclusion.....	12
7 References .....	13



## Introduction

### **About the Australian Dental Association Victorian Branch**

The [Australian Dental Association Victorian Branch \(ADAVB\)](#) is the voice of dentistry in Victoria, representing nearly 80% of all Victoria's dentists across the public and private sector and advocating to improve the oral health of all Victorians. Our advocacy and health promotion initiatives aim to promote the importance of oral health to Victorians and support our members to deliver the best possible care to their patients.

ADAVB welcomes the opportunity to comment on the food audit of public hospitals and aged care facilities. For further information about the content of this submission please contact the ADAVB Policy and Research Team: Ph: 03 8825 4600; E: [advocacy@adavb.org](mailto:advocacy@adavb.org)

### **Impact of sugar on oral and general health**

The impact of added sugar on oral and general health is a growing concern, and therefore the ADAVB strongly encourages the review of added sugar as part of the food audit. Regular consumption of food and drinks with moderate to high levels of added sugar is strongly associated with tooth decay, weight gain, obesity, cardiovascular disease, and type 2 diabetes.<sup>1</sup> Sugar plays a major role in the development of tooth decay, as bacteria in the mouth use sugars to produce acid that damages tooth enamel.<sup>2</sup> Reducing added sugar consumption can improve oral and general health and reduce the risk of chronic health problems associated with high sugar intake. Sugary food and drinks are particularly detrimental to oral health when provided as snacks in between meals, as the teeth are frequently exposed to acids which increases the risk of tooth decay. Limiting the frequency of sugar exposure and increasing calories elsewhere in the diet can maintain energy intake whilst protecting teeth.<sup>3</sup>

### **Impact of poor oral health on Victorians**

Tooth decay is one of the most prevalent diseases in Australia and is the leading cause of preventable hospitalisations in children. Consumption of added sugar is the major contributor to tooth decay. We estimate that the economic cost of poor oral health to Victoria exceeds \$209 million per year, including preventable hospitalisations, GP visits, and missed days at school and work. Nationally, we estimate this cost is \$818 million.<sup>4</sup> This does not take into account the broader societal and financial impact of poor oral health on mental health and general health.

Poor oral health is also linked to other issues such as diabetes, heart disease, reduced mental health and wellbeing and reduced social participation. Ensuring that meals served in hospitals and aged care facilities limit added sugar is critical to promoting good oral health and disease prevention. This is also an opportunity for the government to lead by example. Poor oral health can have particularly severe impacts on vulnerable people, such as people living in residential aged care.



## Oral health of older people

Tooth decay can have a devastating impact on individuals. It can cause pain, tooth loss, embarrassment and affect the ability to eat or speak<sup>5</sup>. Older people are more likely to experience tooth decay if they regularly consume sugary food and drinks, which is compounded by poor oral hygiene. There are some common conditions which can affect the mouth as a person ages. These conditions combined with dietary exposure to added sugar, poor oral hygiene, and difficulty accessing dental care place older people at increased risk of suffering from oral diseases.

Some common conditions that affect older people and can be exacerbated by poor diet include<sup>6,7</sup> :

- Dry mouth is a common oral condition experienced by older people. A lack of saliva increases the risk of developing tooth decay, as saliva is protective against destructive acids produced in the mouth when sugar is consumed
- Tooth wear occurs after many years of grinding and chewing, leading to increased risk of tooth decay due to loss of enamel (the outer surface of teeth). Without their protective outer surface, acids produced by sugar can penetrate teeth more easily, resulting in tooth decay
- Root surface decay occurs when the tooth root is exposed due to gum recession from gum disease. The roots of teeth are more prone to tooth decay than the tops of teeth (crown)
- Difficulty chewing food due to loss of natural teeth and denture discomfort which leads to a preference for soft, sugary food and drinks
- Age related physical and cognitive difficulties leading to decreased oral hygiene.

In addition to these risk factors, poor oral hygiene provision and lack of regular dental care are significant problems in residential aged care and have been highlighted in the Royal Commission into Aged Care Quality and Safety.<sup>8</sup> Reducing added sugar in food and beverage options is an important mechanism to reduce the risk of tooth decay. It is important to distinguish that added sugar is more detrimental to health than intrinsic or naturally occurring sugar, such as the sugar in milk and fruit in their whole forms.<sup>9</sup> The World Health Organisation recommends reducing added sugar consumption to no more than six teaspoons (24 grams) per day.

Of those aged 65 years and older in the Australian population<sup>10</sup>:

- 9% experience toothache
- 53.4% have periodontal (gum) disease
- 22% feel uncomfortable with their dental appearance
- 24% avoid certain foods due to oral health problems
- Have lost 10.8 teeth on average, with 44% of teeth removed as a result of tooth decay
- Have 23.7 (out of 32) decayed, missing or filled teeth on average

There is a strong bidirectional relationship between general and oral health across the lifespan, particularly in older people that experience higher rates of cardiovascular disease, respiratory disease, cerebrovascular disease, oral cancer, diabetes, aspiration pneumonia and dry mouth.<sup>11</sup> Each of these conditions can be exacerbated by poor oral health, and oral health problems can arise as a result of these conditions or medications used to treat them.

Poor oral health is a key contributor to malnutrition amongst older people, which is characterised by insufficient energy intake, loss of muscle mass, weight loss and reduced function. Malnutrition can lead to falls, slow wound healing, fractures, osteoporosis, morbidity, mortality and decreased quality of life. It is estimated that between 22-50% of those living in residential aged care facilities are malnourished.<sup>12</sup>

Oral diseases may be seen as an inevitable part of getting old, but this is not necessarily true. With a healthy diet low in added sugar, oral hygiene and preventive dental care, oral health can be maintained well into old age.



## Summary of recommendations

### 1. Audit scope (refer to [Page 6](#))

- 1.1. To ensure healthy food and drinks environments in public hospitals and aged care facilities, all vendors that supply food and drinks in these facilities should be within the scope of the audit, including private retailers, cafés, kiosks, franchises and those under lease or sublease arrangements such as Zouki and McDonalds.
- 1.2. That the food audit specifically includes added sugar as part of the audit criteria, both for inpatient menu items and for retail outlets and vending machines:
  - a. For optimal oral and general health, added sugar consumption should be limited to less than 10% of total energy intake per day. Menus in hospitals and aged care facilities should be assessed against this recommendation.
  - b. All cafés, convenience stores, and vending machines in aged care facilities and food vendors should be required to comply with the Healthy choices: policy guidelines for hospitals and health services
  - c. Sugary drinks such as soft drinks have no nutritional value and are detrimental to oral and general health. They should not be available in retail outlets and vending machines in these facilities.

### 2. Update the Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities (2009) to remove foods high in added sugar (refer to [Page 7](#))

Update the Nutrition Standards for Hospitals and Residential Aged Care Facilities to better reflect the health risks associated with foods that are high in added sugar. Sugary snacks and desserts should not be regular menu items and should not be relied upon to provide a source of high energy to prevent weight loss unless there is no alternative, particularly for long term patients and residents.

### 3. Provision of healthy food and beverages in hospitals and aged care environments should be mandatory, have annual reporting requirements and be independently audited (refer to [Page 8](#))

To ensure that the new health and quality food standards are effectively implemented and maintained, we urge the Victorian Government to:

- a. introduce annual compliance reporting requirements and periodic independent audits, and
- b. provide funding and support to facilitate the successful implementation and maintenance of the new standards and independent compliance auditing.

### 4. Improve the nutritional value of food and drinks in aged care settings (refer to [Page 9](#))

Develop new standards to require that food and drinks provided in aged care settings promote oral and general health, and meet the needs of residents, including:

- a. Substitution of meal and snack items high in added sugar with items lower in added sugar, with preference towards sweet options that contain mostly or completely intrinsic sugar
- b. Limiting sugary food and drinks to occasional rather than regular, and with meals rather than between meals to reduce frequency of exposure
- c. Food budget transparency, uplift where food quality and/ or quantity is lacking, and strategies to maximise nutritional value and appeal of food served in aged care on a budget.

### 5. Case studies – utilise examples of successful interventions to inform the improvement of the nutritional value of food and drinks available in public hospitals and aged care facilities (refer to [Page 11](#))

5.1 That the Victorian Government should utilise learnings from case studies to implement:



- a. A ban on the sale and provision of sugary drinks in health services and aged care facilities. These drinks offer little or no nutritional value and carry significant health risks
  - b. Prohibition of the advertising of unhealthy food and drinks on all government infrastructure and within all government facilities.
- 5.2. That the Victorian Government requires and funds nutrition education training and improved food and nutrition policies and procedures for aged care staff including chefs, cooks and other aged care workers.

## 1 Audit scope

1.1 The audit should include all food and beverage providers in hospitals and aged care facilities. In addition to the in-scope food providers and facilities, we urge the government to consider the issue of cafés located in health service facilities that are operated by third parties, such as the McDonald’s restaurant in the Royal Children’s Hospital, and Zouki cafés, which are present in a number of major public hospitals across Melbourne. Much of the food offered by these cafes will clearly not be able to meet current or future nutrition recommendations.

*The problems associated with applying healthy food and drinks standards to only some providers in public hospitals are exemplified in the below photos, taken at a major public hospital in Melbourne this year (*

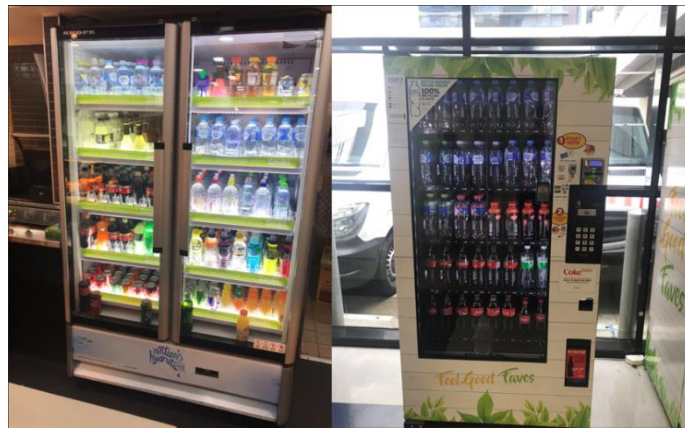


Figure 1). In both images in the below figure, sugary drinks are displayed. These items have little or no nutritional value and are detrimental to oral and general health. However, only the vending machine on the right would be subject to the audit and, presumably the application of any updated guidelines. The drinks refrigerator on the left is part of a café operated by a private retailer, which has been deemed out of scope of the audit. It is ADAVB’s position that all providers of food and drinks in public hospitals and aged care facilities should be subject to the same requirements. This would send a strong message that good health is a priority in these facilities.



*Figure 1: Two sources of sugary drinks at a major public hospital in Melbourne. The refrigerator on the left is part of a café operated by a private retailer, which is considered to be outside the scope of the food audit. The vending machine on the right also contains sugary drinks and is within the scope of the audit.*

### Recommendation:



1.1 To ensure healthy food and drinks environments in public hospitals and aged care facilities, all vendors that supply food and drinks in these facilities should be within the scope of the audit, including private retailers, cafés, kiosks, franchises and those under lease or sublease arrangements such as Zouki and McDonalds.

## 1.2 Added sugar in inpatient menu items and items available from vending machines and retail outlets should be specifically assessed within the audit criteria

The Australian Dietary Guidelines recommend limiting added sugar for optimal health and prevention of chronic disease.<sup>13</sup> The World Health Organization (WHO) recommends that less than 10% of total energy intake per day should come from added sugars to avoid tooth decay, obesity and other chronic diseases.<sup>14</sup> For the average adult with an intake of 8,700KJ, this is 55g or 12 teaspoons. Further to this, the WHO recommends that added sugar intake is less than 5% of the total energy intake for additional health benefits (six teaspoons).

A single 600 ml soft drink can contain up to 16 teaspoons of sugar, and many processed foods such as yogurts, cereals and muesli bars contain excessive added sugar as well. It is vital that vulnerable people in hospitals and aged care facilities have access to foods and beverages that keep them healthy, rather than exposing them to increased risk of oral disease and other health problems. Family members, and health and aged care workers are also frequently exposed to these environments, which will impact on their health.

We therefore urge the government to ensure that the food audit captures information about the amount of added sugar in inpatient/resident meals and the food and beverages available from retail outlets and vending machines in these facilities, and to develop standards that reduce the risk of tooth decay and associated health issues.

According to the 2011-12 Australian Health Survey<sup>15</sup>, the main sources of added sugars in the Australian diet are:

- Beverages including soft drinks, electrolyte and energy drinks, fruit and vegetable juices and drinks, and cordial (52% collectively)
- Confectionary including lollies and chocolate (8.7%)
- Cakes and muffins (8.7%)

These items must be closely examined within the food audit as they pose significant risks to oral and general health if consumed on a regular basis.

### **Recommendations:**

1.2 That the food audit specifically includes added sugar as part of the audit criteria, both for inpatient menu items and for retail outlets and vending machines:

- a) For optimal oral and general health, added sugar consumption should be limited to less than 10% of total energy intake per day. Menus in hospitals and aged care facilities should be assessed against this recommendation.
- b) All cafés, convenience stores, and vending machines in aged care facilities and food vendors should be required to comply with the Healthy choices: policy guidelines for hospitals and health services<sup>16</sup>
- c) Sugary drinks such as soft drinks have no nutritional value and are detrimental to oral and general health. They should not be available in retail outlets and vending machines in these facilities.





## 2 Update the Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities (2009) to remove foods high in added sugar

Although the Department of Health and Human Service's Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities (2009) do not specify mid meals, they note that high energy, nutrient dense mid-meals including muffins, cake, biscuits and Milo are appropriate for groups at nutritional risk. Concerningly, these groups include aged care residents, frequently admitted patients, paediatric, rehabilitation and other long stay patients that are frequently consuming these foods over long periods of time. These items are high in added sugar, and people who consume these items regularly are at increased risk of tooth decay and other negative health impacts. It is important to note that there are alternative high energy foods to those containing high amounts of added sugar. Foods rich in macronutrients including healthy fats, protein and carbohydrates can provide adequate amounts of energy to avoid malnutrition while avoiding oral and general health problems associated with high sugar intake. Items such as biscuits and cakes are high energy, but would not be considered nutrient dense. Sugary food and drinks should only be consumed occasionally rather than as part of the daily diet.

Recognising that sugary snacks and desserts are being recommended to prevent malnourishment, for example for some people in aged care settings and to provide appealing options for hospital inpatients and aged care residents, low sugar options should be substituted for the high sugar foods listed above. For example, healthier dessert options devised by Nutrition Australia include pears with pistachio and pine nuts, honey pear and rhubarb with zesty yoghurt, and fruit and nut scones<sup>17</sup>.

The Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities (2009) do not completely align with the Australian Dietary Guidelines, which recommend that people continue to eat nutritious foods into old age. Evidence supports that consumption of vegetables, fruit, wholegrains, poultry, fish and dairy is associated with superior nutritional status, quality of life and survival in older adults<sup>18</sup>. Within the Dietary Guidelines, it is acknowledged that an appropriate healthcare professional should be consulted when prescribing diets for frail elderly people or those with complex health conditions. However, consideration must be given to the health risks associated with consumption of foods high in added sugar for those outside these categories. For aged care residents, who are regularly provided with sugary items on a long-term basis, the risks to their health are far greater than those who are exposed briefly in other healthcare settings.

### **Recommendation:**

2. Update the Nutrition Standards for Hospitals and Residential Aged Care Facilities to better reflect the health risks associated with foods that are high in added sugar. Sugary snacks and desserts should not be a regular menu item and should not be relied upon to provide a source of high energy to prevent weight loss unless there is no alternative, particularly for long term patients and residents.

## 3 Provision of healthy food and beverages in hospitals and aged care environments should be mandatory, have annual reporting requirements and be independently audited

ADAVB applauds the Victorian Government for undertaking an audit of food and drinks available in public hospitals and aged care facilities. The announcement of a mandatory requirement for these facilities to comply with new health and quality food standards from 2020 is also welcome.

While the introduction of new mandatory health and quality food standards is an important step, compliance with the standards needs to be monitored and reported upon to ensure effectiveness. ADAVB therefore urges that the



government ensures this important work is implemented and maintained, through the introduction of annual reporting requirements and periodic independent auditing. These activities will ensure that the new health and quality food standards have the intended impact – to support the health and wellbeing of Victorians living in, working in and visiting our public hospitals and aged care facilities.

The implementation and maintenance of these standards will require funding, training and support to assist those responsible for food procurement and provision to understand the importance of providing food and beverages of high nutritional value and not providing discretionary foods on a regular basis. This is a sound investment into health and wellbeing in these environments and will positively impact the healthcare system. Section 4 of this submission provides some examples of training programs for cooks and chefs working in aged care settings, that assist them to provide high quality meals to residents. Similar programs may also assist chefs and other food provision staff working in public hospital settings. The Victorian Government should work with public hospitals and aged care facilities to provide funding and support to facilitate this.

#### Recommendations:

3. To ensure that the new health and quality food standards are effectively implemented and maintained, we urge the Victorian Government to:

- a) introduce annual compliance reporting requirements and periodic independent audits, and
- b) provide funding and support to facilitate the successful implementation and maintenance of the new standards and independent compliance auditing.

## 4 Improve the nutritional value of food and drinks in aged care settings

It is important for aged care residents to have access to healthy foods to avoid the development of oral and other diseases and support optimal health in the later stages of their lives.

A preliminary report of the Royal Commission into Aged Care Quality and Safety highlighted numerous nutrition related issues<sup>19</sup>. Some of these included:

- Poor quality food
- Lack of fresh fruit
- Low food budgets and a lack of transparency around the amount of money available for food provision
- Risk of dehydration when residents are unable to communicate their need to drink water
- Provision of medically or culturally inappropriate food

Specifically, poor quality food, hydration and nutrition, and lack of attention to oral health leading to malnutrition, severe dental and general pain and secondary conditions were identified as major quality and safety issues in aged care.

Standard 4 of the Australian Government's Aged Care Quality Standards<sup>20</sup>, 'Services and supports for daily living', specifies that each consumer should receive safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life. It is ADAVB's position that the regular provision of sugary food and drinks to aged care residents would not comply with Standard 4, does not support optimal health and wellbeing and is detrimental to the overall health of aged care residents.

The Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities (2009) include fruit juice and Milo as suitable drink options. Fruit juices contain a high amount of sugar<sup>21</sup>, most of it naturally occurring and, in some cases added, as the process of converting whole fruit to juice removes most or all of the fibre and retains all of the sugar<sup>22</sup>. As multiple fruits are required to produce a serving of juice, the sugar content increases to a higher level than what would be consumed by eating whole fruit. The 2011-12 Australian Health Survey found that seven grams of added sugars per day came from fruit juice and honey.<sup>23</sup> Additionally, acidic fruit juices can cause tooth erosion which results in loss of the tooth surface (enamel), increasing the rate that teeth are worn down.<sup>24</sup> Citric juices may also exacerbate dry mouth by overstimulating and exhausting salivary glands.<sup>25</sup> Vitamin C can be obtained from leafy green vegetables, tomatoes, oranges, grapefruits and other fruits in the appropriate format or texture based on residents' functional eating ability.

Milo is a high sugar product, with 19.4g of sugar per serving with milk, or 22% of the recommended daily intake.<sup>26</sup> Similar drinks, such as hot chocolate, are also high in sugar. For example, Cadbury drinking chocolate contains 11.6 grams of sugar per serving or 24% of the recommended daily intake.<sup>27</sup> Most of the sugar in these products is added, which is the most detrimental to health.

The Dietary Guidelines recommend consumption of six to eight cups of fluid per day, the majority of which should come from fluoridated tap water.<sup>28</sup> Mineral water, milk (cold or warm), and tea or coffee without added sugar are



suitable drinks to maintain hydration without contributing to added sugar intake. Infusing tap water with fruit (minimal use of citrus fruit) and milk with cocoa and a small amount of honey are healthier alternatives to fruit juice and hot chocolate, and semi-frequent consumption poses less risk to oral and general health.

Peak dental and nutrition bodies recommend a healthy diet and avoidance of added sugar for optimal general and oral health. The Dental Health Services Victoria and Dieticians Association of Australia position statement on oral health and nutrition recommends the following for older adults:<sup>29</sup>

- Drinking plenty of water with meals and throughout the day to prevent food debris from sitting on teeth
- Promotion of a healthy diet
- Limiting consumption of sugary foods to mealtimes to reduce exposure to acids which can lead to tooth decay
- Providing dairy products and other foods that stimulate the flow of saliva after meals
- Consider oral health implications of food and drinks available to aged care residents

Provision of dairy products such as unflavoured milk, cheese and natural yoghurt along with meals or mid-meals is beneficial to oral health as dairy contains the protein casein, which helps to prevent tooth decay.<sup>30</sup> The protein and energy content of dairy foods can significantly contribute to caloric intake.

Most food consumed should be savoury to avoid consumption of excess added sugar. Naturally occurring sugar in whole fruits and vegetables (in an appropriate format) and lactose in dairy should be the main sources of sugar in the diet. Spices such as cinnamon or nutmeg, cocoa or honey (in moderation), or fruit can be used to compliment non-savoury foods.

To reduce sodium intake and maintain appealing taste, herbs, spices, garlic, and small amounts of lemon juice or vinegars can be used to season foods. Low sodium savoury sauces and condiments can also be used to accompany foods lacking in flavour.<sup>31</sup> Note that lemon juice and vinegar are acidic and should be used sparingly to avoid tooth erosion.<sup>32</sup> The use of herbs to season food as an alternative to salt, and spices to enhance flavour are key features of the Mediterranean diet which has many health benefits including reduction in chronic diseases and mortality.<sup>33</sup>

Food texture can reduce tooth decay risk by stimulation of saliva. Crisp and firm textured food is more beneficial for oral health in this respect, and while some aged care residents may need to eat primarily soft or pureed foods, food should not routinely be provided in these forms unless necessary.<sup>34</sup>

#### **Recommendations:**

4. Develop new standards to require that food and drinks provided in aged care settings promote oral and general health, and meet the needs of residents, including:

- a) Substitution of meal and snack items high in added sugar with items lower in added sugar, with preference towards sweet options that contain mostly or completely intrinsic sugar
- b) Limiting sugary food and drinks to occasional rather than regular, and with meals rather than between meals to reduce frequency of exposure
- c) Food budget transparency, uplift where food quality and/ or quantity is lacking, and strategies to maximise nutritional value and appeal of food served in aged care on a budget.



## 5 Case studies – utilise examples of successful interventions to inform the improvement of the nutritional value of food and drinks available in public hospitals and aged care facilities

### 5.1 Public health facilities: voluntary removal of sugary drinks, diet soft drinks and junk food from sale

Many Australian Health Services and State and Territory Health Departments have implemented voluntary initiatives to reduce or remove unhealthy food and drinks from cafes, retail outlets and vending machines in their facilities. Selected examples are provided below.

- Alfred Health introduced a Healthy Choices food policy across three sites, which applies to food outlets, vending machines and catering. This resulted in the reduction of approximately 36,500 sugary drinks sales per year, while maintaining financial viability for retailers. An evaluation summary of the impact of the initiatives provides key insights and recommendations on the implementation of healthy food and drinks policies in health care settings<sup>35</sup>
- In July 2019, the Queensland Department of Health implemented a Health Service Directive – Healthier Drinks at Healthcare Facilities<sup>36</sup>. This Directive:
  - prohibits the sale of unhealthy drinks classified as red drinks from being sold, provided, promoted or advertised in Queensland Hospitals and Health Services,
  - requires that artificially sweetened drinks do not comprise more than 20% of drinks displayed for sale at any outlet
  - requires water to be promoted as the drink of choice for sale at any outlet
  - alcoholic drinks are restricted in supply, or not supplied at, and
  - monitoring of compliance of these requirements is undertaken at least annually and reported to the Department of Health each year<sup>1</sup>.
- Similarly, in 2017 NSW Health implemented a Healthy choices in health facilities framework, which banned the sale and provision of sugary drinks in retail outlets, vending machines and catering in NSW health facilities<sup>37</sup>
- In 2017 Barwon Health committed to phasing out all sugary drinks from vending machines and cafeterias across each of its sites, and have changed the environment at all retail outlets and vending machines, making healthier food and drink choices more available and promoted in line with the Healthy choices: policy guidelines for hospitals and health services<sup>38</sup>
- The decision to ban sugary drinks in retail outlets and vending machines has been made by 13 regional health services across western Victoria<sup>39</sup>

These examples provide evidence of a strong willingness and capability to make changes to the food environment in health services to support people's health. In fact, many Victorian health services have already taken action to remove unhealthy drinks from sale in their facilities.

#### **Recommendations:**

##### 5.1 That the Victorian Government:

- a) bans the sale and provision of sugary drinks in health services and aged care facilities. These drinks offer little or no nutritional value and carry significant health risks
- b) prohibits advertising of unhealthy food and drinks on all government infrastructure and within all government facilities

<sup>1</sup> This Health Service Directive does not apply to in-patient, residential and aged-care meals, and drinks that patients, staff and visitors bring from outside the facility for their own personal consumption.



## 5.2 Residential aged care – initiatives to improve nutrition

Initiatives run by the Victorian Government and private organisations have worked to improve nutrition in aged care via policies and procedures and staff education and training. Application of these principles across the public aged care sector would greatly improve residents' health and quality of life. Some of these initiatives are listed below.

- Nutrition Australia provides professional development, training and educational programs to chefs and staff working in hospital and aged care settings, to equip them with the knowledge and skills to provide nutritious food to residents. The training delivered by a dietician includes menu assessments, meal planning with consideration of allergies, intolerances and special diets, and access to educational resources.<sup>40</sup>
- Maggie Beer runs a 'Creating an appetite for life' program, where cooks and chefs working in aged care can participate in a hands-on workshop which facilitates exchange of ideas on enhancing food and the eating experience in aged care whilst creating economically sustainable menus. The program facilitates discussion around the limitations of cooking in aged care homes, particularly with respect to food budgeting, and encourages participants to think about the nutritional profile of foods they are serving. This extends to creating recipes suitable for aged care residents, menu planning and dining room management.<sup>41</sup>
- The Lantern Project – Australia has seven objectives about improving the quality of life of ageing Australians through good food and nutrition. The Project is collecting and sharing evidence of successful approaches to improving food nutrition and experiences in the aged care setting<sup>42</sup>
- The Victorian Government ran a two stage 'Improving Care for Older People (ICOP)' program specifically related to nutrition and swallowing<sup>43</sup>. Stage two of the program operated from 2010-2013 and took place across 35 public health services. The aim was to minimise the risk of decline in older patients by making environmental improvements, developing policies, and providing professional development to staff. Features of the program implemented across various sites included:

- Volunteer assistance at mealtimes and colour coded food covers to indicate patients' need for meal assistance
- Protected mealtimes, where residents are not unnecessarily interrupted during mealtimes
- Staff education around nutrition policies and guidelines
- Malnutrition screening and referral process
- Weekly weighing of specific patients at risk of malnutrition
- Consultation with patients regarding menus and removal of unpopular items

### **Recommendation:**

5.2 That the Victorian Government requires and funds nutrition education training and improved food and nutrition policies and procedures for aged care staff including chefs, cooks and other aged care workers.

## 6 Conclusion

At a time of increasing demand for public health services and increasing prevalence of chronic diseases in Victoria, this food audit is a welcome opportunity to ensure healthy food environments in Victoria's public hospitals and aged care facilities. We urge the Victorian Government to take strong actions to achieve this goal. ADAVB would be pleased to assist with oral health advice and support and expand on any of the recommendations made in this submission upon request.

## 7 References

- <sup>1</sup> National Health and Medical Research Council 2013, *Australian Dietary Guidelines*, Canberra. Available from [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>2</sup> Victorian Government, Better Health Channel 2018, *Tooth decay*, Victoria. Available from [www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/Tooth-decay](http://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/Tooth-decay)
- <sup>3</sup> NSW Government Central Coast Local Health District 2015, *Best Practice Food and Nutrition Manual for Aged Care Edition 2.1*, New South Wales. Available from <https://www.cclhd.health.nsw.gov.au/wp-content/uploads/BestPracticeFoodandNutritionManualforAgedCareEdition2.1.pdf>
- <sup>4</sup> ADAVB (2019) and references therein. *The preventable costs of poor oral health*. Available from <http://www.adavb.net/LinkClick.aspx?fileticket=vTqwFoSAgyE%3d&tabid=1595&language=en-AU>
- <sup>5</sup> Australian Government Department of Health 2012, *Outcomes and Impact of Oral Disease*, Canberra. Available from [www1.health.gov.au](http://www1.health.gov.au)
- <sup>6</sup> Australian Dental Association Victorian Branch 2018, *Ageing and oral health*, Victoria. Available from [oralhealth.adavb.org](http://oralhealth.adavb.org)
- <sup>7</sup> Dental Health Services Victoria 2015, *Joint Position Statement on Oral Health and Nutrition*, October 2015, Victoria. Available from [www.dhsv.org.au](http://www.dhsv.org.au)
- <sup>8</sup> Australian Government 2019, *Royal Commission into Aged Care Quality and Safety, Interim Report: Neglect*, Canberra. Available from [agedcare.royalcommission.gov.au](http://agedcare.royalcommission.gov.au)
- <sup>9</sup> World Health Organization 2015, *Guideline: Sugars intake for adults and children*, Geneva. Available from [www.who.int/nutrition/publications/guidelines/sugars\\_intake/en/](http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/)
- <sup>10</sup> Australian Institute of Health and Welfare 2018, *Older Australia at a glance*, Canberra. [www.aihw.gov.au](http://www.aihw.gov.au)
- <sup>11</sup> Government of South Australia SA Health 2012, *Why oral health care is important for older people*, South Australia. Available from [sahealth.sa.gov.au](http://sahealth.sa.gov.au)
- <sup>12</sup> Dieticians Association of Australia 2019, *Report on the Royal Commission into Aged Care Quality and Safety*, March 2019, Canberra. Available from [daa.asn.au](http://daa.asn.au)
- <sup>13</sup> National Health and Medical Research Council (2013). *Australian Dietary Guidelines*, Canberra. Available from [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>14</sup> World Health Organization (2015) *Guideline: Sugars intake for adults and children*, Geneva. Available from [www.who.int/nutrition/publications/guidelines/sugars\\_intake/en/](http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/)
- <sup>15</sup> Australian Bureau of Statistics (2016). *Australian Health Survey: Consumption of added sugars, 2011-12*, Canberra. Available from [www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.011](http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.011)
- <sup>16</sup> State of Victoria, Department of Health and Human Services (2016). *Healthy choices: policy guidelines for hospitals and health services*. Available from <https://www2.health.vic.gov.au/Api/downloadmedia/%7B087EEAAD-7C83-49E0-A562-D956CCC5ED0C%7D>
- <sup>17</sup> Nutrition Australia 2019, *Sweets*, Canberra. Available from [nutritionaustralia.org](http://nutritionaustralia.org)
- <sup>18</sup> National Health and Medical Research Council 2013, *Australian Dietary Guidelines*, Canberra. Available from [https://www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](https://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>19</sup> Australian Government (2019). *Royal Commission into Aged Care Quality and Safety, Interim Report: Neglect*, Canberra. Available from <https://agedcare.royalcommission.gov.au/publications/Documents/interim-report/interim-report-volume-1.pdf>
- <sup>20</sup> Australian Government (2019). *Aged Care Quality Standards*, Canberra. Available from [https://agedcare.health.gov.au/sites/default/files/documents/10\\_2018/aged\\_care\\_quality\\_standards.pdf](https://agedcare.health.gov.au/sites/default/files/documents/10_2018/aged_care_quality_standards.pdf)
- <sup>21</sup> Heyman, M, Abrams, S 2017, 'Fruit Juice in infants, Children, and Adolescents: Current Recommendations', *Pediatrics*, vol. 139, no. 6. Available from [pediatrics.aappublications.org/content/early/2017/05/18/peds.2017-0967?utm\\_source=highwire&utm\\_medium=email&utm\\_campaign=Pediatrics\\_papetoc](http://pediatrics.aappublications.org/content/early/2017/05/18/peds.2017-0967?utm_source=highwire&utm_medium=email&utm_campaign=Pediatrics_papetoc)
- <sup>22</sup> National Health and Medical Research Council 2013, *Australian Dietary Guidelines*, Canberra. Available from [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>23</sup> Australian Bureau of Statistics 2016, *Australian Health Survey: Consumption of added sugars, 2011-12*, Canberra. Available from [www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.011](http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.011)
- <sup>24</sup> Victorian Government, Better Health Channel 2018, *Dental erosion*, Victoria. Available from [www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/dental-erosion](http://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/dental-erosion)
- <sup>25</sup> NSW Government Central Coast Local Health District 2015, *Best Practice Food and Nutrition Manual for Aged Care Edition 2.1*, New South Wales. Available from [cclhd.health.nsw.gov.au](http://cclhd.health.nsw.gov.au)
- <sup>26</sup> See <https://milo.com.au/products/powders/milo-powder> for nutritional information
- <sup>27</sup> Coles online 2018, *Cadbury Drinking Chocolate product information*. Available from [shop.coles.com.au/a/a-national/product/cadbury-drinking-chocolate-5110050p](http://shop.coles.com.au/a/a-national/product/cadbury-drinking-chocolate-5110050p)
- <sup>28</sup> National Health and Medical Research Council 2013, *Australian Dietary Guidelines*, Canberra. Available from [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>29</sup> Dental Health Services Victoria 2015, *Joint Position Statement on Oral Health and Nutrition*, October 2015, Victoria. Available from [www.dhsv.org.au](http://www.dhsv.org.au)
- <sup>30</sup> NSW Government Central Coast Local Health District 2015, *Best Practice Food and Nutrition Manual for Aged Care Edition 2.1*, New South Wales. Available from [cclhd.health.nsw.gov.au](http://cclhd.health.nsw.gov.au)
- <sup>31</sup> National Health and Medical Research Council 2013, *Australian Dietary Guidelines*, Canberra. Available from [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>32</sup> Victorian Government, Better Health Channel 2018, *Dental erosion*, Victoria. Available from [www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/dental-erosion](http://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/dental-erosion)
- <sup>33</sup> National Health and Medical Research Council 2013, *Australian Dietary Guidelines*, Canberra. Available from [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
- <sup>34</sup> NSW Government Central Coast Local Health District 2015, *Best Practice Food and Nutrition Manual for Aged Care Edition 2.1*, New South Wales. Available from [cclhd.health.nsw.gov.au](http://cclhd.health.nsw.gov.au)
- <sup>35</sup> Victorian Health Promotion Foundation (2016). *Introduction of Healthy Choices at Alfred Health food outlets. Evaluation summary*. Available from <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/healthy-eating/Healthy-Choice/Introduction-of-Healthy-Choices-at-Alfred-Health-food-outlets.pdf>
- <sup>36</sup> Queensland Government (2019). *Health Service Directive Healthier Drinks at Healthcare Facilities*. Available from <https://www.health.qld.gov.au/public-health/topics/healthy-lifestyles/workplaces/choice>



---

<sup>37</sup> NSW Ministry of Health (2017). HEALTHY FOOD AND DRINK IN NSW HEALTH FACILITIES FOR STAFF AND VISITORS FRAMEWORK. Available from <https://www.health.nsw.gov.au/health/Pages/healthy-food-framework.aspx>

<sup>38</sup> See <https://prevention.health.vic.gov.au/blog/posts/barwon-health-tackles-sugar-sweetened-beverages-in-a-healthcare-setting> for further information

<sup>39</sup> See <https://www.wdhs.net/news/sugary-drink-removal> for further information

<sup>40</sup> Nutrition Australia 2019, *Aged care*, Canberra. Available from [nutritionaustralia.org](http://nutritionaustralia.org)

<sup>41</sup> Maggie Beer Foundation 2019, *Creating an Appetite for Life Masterclass*, South Australia. Available from [maggiebeerfoundation.org.au](http://maggiebeerfoundation.org.au)

<sup>42</sup> Further information available at <https://thelanternproject.com.au/>

<sup>43</sup> Victorian Department of Health & Human Services 2017, *Improving Care for Older People Program – Health Service Initiatives – Nutrition and Swallowing*, Victoria. Available from [www2.health.vic.gov.au](http://www2.health.vic.gov.au)