

National Health and Climate Strategy

**Response to consultation
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Recipient

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and for the people and communities it serve.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are the qualified and credentialed food and nutrition experts and have an important role to play in sustainable food systems for population and planetary health.

This submission was prepared by Dietitians Australian staff in collaboration with members following the [Conflict of Interest Management Policy](#). Contributors include Dietitians Australia members with wide ranging expertise in areas including planetary health, public health, chronic disease, food systems and academia.

Summary

Dietitians Australia acknowledges the Albanese Government, as the first to develop a National Health and Climate Strategy. While there are many important, cross-cutting and mutually beneficial elements of this Strategy, our recommendations focus on the impact of healthy and sustainable food systems as the cornerstone to protect the health and well-being of people and planet.

A healthy and sustainable diet must be nutritionally adequate, healthy and safe, have low environmental impact and be protective of natural resources and biodiversity be culturally acceptable be accessible, economically fair and affordable.

Dietitians Australia acknowledges that it is critical to prioritise Indigenous knowledge in consultation, policy-making and implementation processes to achieve these recommendations.

In facilitating the uptake of healthy and sustainable diets, Accredited Practising Dietitians are contributing to the transformation of our current food system that is urgently required to nourish present and future generations within planetary boundaries.

Discussion

1. How could these objectives be improved to better support the vision of the Strategy?

Dietitians Australia supports the revised objectives proposed by the Climate and Health Alliance. In addition, Dietitians Australia advocates for the integration of protecting biodiversity in line with the Global Biodiversity Framework: Kuming-Montreal Global Biodiversity Framework: Targets 14 and 15.¹

2. How could these principles be improved to better inform the objectives of the Strategy?

Dietitians Australia supports the principles, particularly those that recognise First Nations leadership.

3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

Dietitians Australia supports the inclusion of all three types of emissions for a comprehensive approach to maximise impact, given the urgent need for action. Scope 3, however, has the largest contribution to the healthcare sector activities (71%).²

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

Dietitians Australia note the omission of First Nations' foodways. Dietitians Australia position statement on Healthy and Sustainable Diets³ highlights the important connection between First Nations knowledge and planetary health.

5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Dietitians Australia supports the co-design of governance structures. It is critical to prioritise First Nations leadership, knowledge in consultation, policymaking and implementation processes to achieve impact.

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Dietitians Australia is not involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia.

7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Dietitians Australia advocates for the inclusion of food-related emissions, including those related to food waste. Food service-related emissions must be measured, and targets set that balance nutritional adequacy and environmental impact. Work is required to develop appropriate menu audit tools with validity and reliability, and it is important to ensure the evidence underpinning these tools is specific to the Australian food system. Within the clinical, aged care and community setting, emissions related to packaging, manufacturing and waste for Oral Nutrition Support should also be considered.

The Eat Lancet Commission on Food and Health⁴ and the pending Eat Lancet 2 inform inclusions related to food, environment, and health.

Up to 50% of waste in some healthcare facilities and hospital foodservices has been classified as food waste.⁵⁻⁸ Measuring food waste through food waste audits and waste analytics is critical to achieving a reduction in carbon emissions as it will allow the healthcare sector to monitor their waste and confidently demonstrate progress over time.⁹ A good example of this is the "Target, Measure, Act" campaign from the UK Waste and Resource Action Programme (WRAP)¹⁰ which asks food and drink businesses to set a food waste target, consistently measure their waste, and act to reduce this food waste. Measuring food waste also facilitates changes to practice to reduce the amount of waste generated and/or sent to landfill. In addition, the Australian National Food Waste Roadmap and feasibility study which lists 47 interventions to prioritise reducing food waste predicts that measuring food waste is

the intervention that has the second largest capacity to reduce food waste (2.69 million tonnes over 10 years).¹¹ This is paralleled by the USA's ReFed who recommend waste tracking (foodservice) as their top 12 solutions and has the potential to save 1.03M tonnes total/year from landfill.¹²

Aggregate food waste audits (which measure preparation waste, excess food, and plate waste) are important to quantify baseline waste, highlight problem areas or products within the foodservice, and monitor waste over time. A recent systematic review¹³ consolidated 17 different food waste audit methods into a consensus pathway food waste audit tool that describes how to plan, conduct, and analyse an audit in healthcare. The tool recommends that foodservices complete regular food waste audits for a duration of 2-weeks (14 days), collecting food and food-related waste (for example, food packaging, plastic cutlery), before (preparation waste) and after (plate waste) mealtimes, including the waste from the plating line, and to measure waste using electronic scales. The tool has been referenced in the recent Victorian Nutrition and quality food standards for adults in Victorian public hospitals and residential aged care services and should be considered as part of reducing healthcare carbon emissions.¹⁴

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?

Dietitians Australia advocates that "waste" and "supply chain" must include food waste. There is no specific mention of food-related emissions - including those related to food waste- and these are significant.

9. Which specific action areas should be considered relating to the **built environment and facilities (including energy and water)**, over and above any existing policies or initiatives in this area?

Dietitians Australia supports the inclusion of food waste management within the built environment and facilities. This includes installing the appropriate infrastructure which requires both energy and water to manipulate food waste content.

10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?

Dietitians Australia supports the inclusion of food waste transport to ensure a comprehensive approach to carbon reduction plans.

11. Which specific action areas should be considered relating to **supply chain**, over and above any existing policies or initiatives in this area?

Dietitians Australia supports the inclusion of food waste within supply chains to ensure a comprehensive approach to carbon reduction plans.

12. Which specific action areas should be considered relating to **medicines and gases**, over and above any existing policies or initiatives in this area?

Dietitians Australia supports the areas of improvement raised by the Climate and Health Alliance in their response.

13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?

Dietitians Australia advocates for the inclusion of food waste.

A systematic review has found 85 examples of hospitals worldwide diverting their food waste from landfill which has resulted in associated environmental and cost savings as well as staff and community benefits.¹⁵ The United States Environmental Protection Agency Food Recovery Hierarchy highlights that compost is the last strategy before landfill to be considered when diverting food waste from landfill.¹⁶ When reducing food waste, in the first instance, if food waste surplus has been produced that is edible by humans, reuse and reservice should be considered to healthcare patients, visitors and staff before being considered for safe donation to food recovery organisations. The second approach is considering food for animal feed, and the separate laws which may govern the safe diversion of food waste to animal feed must be considered. Before compost, finally is industrial uses of food waste to provide energy such as anaerobic digestion. These strategies other than compost have been used successfully by hospitals internationally and should be considered further for use in the wider sector. It will be imperative to govern healthcare organisation and waste management strategy partnerships to ensure the food waste is being used as intended (for donation, feed, energy, and composting) and does not end up in landfill. This can be monitored through data collection and reporting by the healthcare organisation on how much they have diverted and by the waste management partner on the amount of waste collected and used. This will cover the Scope 3 emissions associated with these partnerships.

Dietitians Australia advocates to improve embedded emissions in institutional food service. Research is required on how this should be best achieved while ensuring nutritional adequacy. It may be that other environmental impact measures apart from greenhouse gas emissions are indicated in a comprehensive assessment tool. Research such as the school menu assessment by Batle-Bayer et al in Spanish schools¹⁷ or menu assessment in Brazilian Universities by Hatjiathanassiadou¹⁸ is instructive but requires adaptation to the local context.

14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?

Dietitians Australia advocates for the inclusion of preventive health, by optimising the food system to keep the population out of the health system. The burden of chronic diseases, including cardiovascular diseases, diabetes and mental health are associated with many dietary factors such as excess consumption of sodium, sugars and unhealthy fats, particularly trans-fatty acids (trans fats) and saturated fatty acids, and low consumption of whole grains, pulses, vegetables, and fruits. The Strategy should address how chronic diseases are exacerbated by climate change and how prevention will support reductions in disease.

Accredited Practising Dietitians have the skills and knowledge to provide advice on nutrition across the life-course and to support the health and well-being of all Australians. There needs to be better access to dietitians, including through publicly funded positions as well as government-funded consultations (for example, Medicare).

15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Dietitians Australia supports the involvement of private providers, however, engagement with the commercial sector must be driven by the best interests of the health and well-being of people and a sustainable planet, a key principle which cannot be offset.

Examples may include:

- Incorporation of emissions assessment into contract tender requirements
- Working with Accredited Practising Dietitians and external food service providers and suppliers to reduce the embedded emissions of menus
- Strengthening local food systems with local procurement
- Strengthening local commercial operators to divert food waste in landfill and reuse or recycle instead (for example, producing compost with commercial equipment and giving it to local government for Council parks and gardens, or agricultural or horticultural businesses).

16. Where should the Strategy prioritise its emissions reduction efforts?

- a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?
- b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?

Dietitians Australia supports the following prioritisation:

1. Built environment and facilities (including energy and water) to reflect the national picture
2. Prevention and optimising models of care, including access to Accredited Practising Dietitians to prevent chronic disease and inform health institution food menus
3. Waste, noting this should include food waste (as well as food packaging waste)
4. Travel and transport
5. Supply chain, noting this should also include food
6. Medicines and gases

17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

Dietitians Australia supports addressing food wastage as a quick win. Strategies to divert food waste from landfill¹⁹⁻²² and begin to regularly measure food waste²³⁻²⁴ are readily available to the healthcare industry in Australia and should be prioritised to have an impact on the 'waste' mitigation target.

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

Dietitians Australia supports the following:

- More local food sourcing in order to reduce the length of supply chains and support local food systems
- A greater focus on the disproportionate effect of the climate crisis on vulnerable populations including food insecurity and its associated health impacts
- Increased pathways of emergency procurement of essential food items including enteral feeding supplies when natural disasters may reduce transport pathways or stock availability

- 19.** Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:
- a. What are the key considerations in developing a methodology?
 - b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
 - c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

Dietitians Australia supports the development of a National Health Vulnerability and Adaptation Assessment and a National Health Adaptation Plan.

- 20.** Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

Dietitians Australia supports a nationally consistent approach.

- 21.** What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

Dietitians Australia calls for the immediate prioritisation of food systems, including food security. Food systems are simply failing to deliver healthy diets for all. In addition to the negative impacts this has on the health of individuals and families, the economic costs to society due to the health and environmental impacts of current dietary patterns are large, and often hidden. If food systems are transformed, they can become a powerful driving force towards ending hunger, food insecurity and malnutrition in all its forms.

- 22.** What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

Dietitians Australia supports a Health in All Policies approach given the interconnectedness of human and planetary health and recommend a whole-of-government stakeholder engagement framework to support for buy in and success.

- 23.** What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

Dietitians Australia notes the successful example from the United States Pledge to Reduce Greenhouse Gas Emissions 50% by 2030 in the Health Care Sector.²⁵⁻²⁶

24. How could these enablers be improved to better inform the objectives of the Strategy?
Should any enablers be added or removed?

Dietitians Australia notes the research which has been published on the enablers to food waste measurement.²⁷ These enablers would also most likely translate to food waste management strategies in the same setting (hospital foodservices) and could be learnt from broadly to approach other sustainability activities within the wider health services network.

A majority of these are captured in the five enablers and are included here for convenience:

- Money
- Equipment and resources
- Technology and data
- Labour
- Communication
- Planning, education, and training
- Stakeholder (specifically staff) buy in
- Policy or legislation
- Facility specific guidelines/standards
- Organisation support from executives
- Leadership
- Modifications to current practice

Waste should also consider the contributions of plastics to waste as per the recent report Climate Impacts of Plastic Consumption in Australia Summary Report.²⁸

References

1. Australian Government Department of Climate Change, Energy, the Environment and Water. A New Global Biodiversity Framework Kunming-Montral Global Biodiversity Framework, 2023 [cited 2023 July 24]. Available from: <https://www.dcceew.gov.au/environment/biodiversity/international/un-convention-biological-diversity/global-biodiversity-framework>
2. Salas RN, Maibach E, Pencheon D, Watts N, Frumkin H. A pathway to net zero emissions for healthcare. *Bmj*. 2020 Oct 1;371.
3. Dietitians Australia. Healthy and sustainable diets -position statement and briefing paper, 2022. [cited 2023 July 24]. Available from: <https://dietitiansaustralia.org.au/advocacy-and-policy/position-statements/healthy-and-sustainable-diets-position-statement-and-briefing-paper-2022>
4. The EAT-Lancet Commission on Food, Planet, Health. Healthy Diets From Sustainable Food Systems [cited 2023 July 24]. Available from: eatforum.org/eat-lancet-commission/
5. Carino S, Porter J, Malekpour S, Collins J. Environmental sustainability of hospital foodservices across the food supply chain: a systematic review. *Journal of the Academy of Nutrition and Dietetics*. 2020 May 1;120(5):825-73.
6. Goonan S, Miroso M, Spence H. Getting a taste for food waste: a mixed methods ethnographic study into hospital food waste before patient consumption conducted at three New Zealand foodservice facilities. *Journal of the Academy of Nutrition and Dietetics*. 2014 Jan 1;114(1):63-71.
7. Alam MM, Sujauddin M, Iqbal GM, Huda SM. Report: healthcare waste characterization in Chittagong Medical College Hospital, Bangladesh. *Waste Management & Research*. 2008 Jun;26(3):291-6.
8. Anari R, Nikooyeh B, Ghodsi D, Amini M, Neyestani TR. An in-depth analysis of hospital food waste in terms of magnitude, nutritional value, and environmental and financial perspectives: A cross-sectional study. *Waste Management & Research*. 2023 Jun 10:0734242X231176733.
9. Cook N, Collins J, Goodwin D, Porter J. A systematic review of food waste audit methods in hospital foodservices: development of a consensus pathway food waste audit tool. *Journal of Human Nutrition and Dietetics*. 2022 Feb;35(1):68-80.
10. Waste and Resource Action Programme. Food Waste Reduction Roadmap. Waste and resource action programme, 2023. [cited 2023 July 24]. Available from: <https://wrap.org.uk/taking-action/food-drink/initiatives/food-waste-reduction-roadmap>
11. Food Innovation Australia Limited [FIAL]. National Food Waste Strategy Feasibility Study - Can We Halve Australia's Food Waste by 2030? [cited 2023 July 24]. Available from: <https://www.fial.com.au/sharing-knowledge/food-waste>
12. ReFED. Insights Engine. 2023 [cited 2023 July 24]. Available from: <https://insights.refed.org/>
13. Anari R, Nikooyeh B, Ghodsi D, Amini M, Neyestani TR. An in-depth analysis of hospital food waste in terms of magnitude, nutritional value, and environmental and financial perspectives: A cross-sectional study. *Waste Management & Research*. 2023 Jun 10:0734242X231176733.
14. Victorian Department of Health. Australia Government. Nutrition and quality food standards for health services. 2022. [cited 2023 July 24]. Available from: <https://www.health.vic.gov.au/quality-safety-service/nutrition-and-food-quality-standards-for-health-services>
15. Cook N, Goodwin D, Porter J, Collins J. Food and food-related waste management strategies in hospital food services: A systematic review. *Nutrition & Dietetics*. 2023 Apr;80(2):116-42.

16. Environmental Protection Agency. United States Government. Food recovery hierarchy. 2023. [cited 2023 July 24]. Available from: <https://www.epa.gov/sustainable-management-food/food-recovery-hierarchy>
17. Laura Batlle-Bayer, Alba Bala, Rubén Aldaco et al. An explorative assessment of environmental and nutritional benefits of introducing low-carbon meals to Barcelona schools. *Science of The Total Environment* 2021; Volume 756, 143879.
18. Hatjiathanassiadou M, Souza SRGd, Nogueira JP, Oliveira LdM, Strasburg VJ, Rolim PM, Seabra LMJ. Environmental Impacts of University Restaurant Menus: A Case Study in Brazil. *Sustainability*. 2019; 11(19):5157.
19. Clinical excellence showcase. Do You Want To Provide Food, Or Do You Want Your Patients To Eat? 2019. [cited 2023 July 24]. Available from: <https://clinicalexcellence.qld.gov.au/showcase/events/showcase-2019/where-now/room-service.html>
20. Brainwood times. Environment: A useful solution in waste. 2019. [cited 2023 July 24]. Available from: <https://www.braidwoodtimes.com.au/story/6025186/a-useful-solution-in-waste/>
21. Global green and health hospitals. Reducing hunger and food waste in our community Melbourne Health, Australia. 2020. [cited 2023 July 24]. Available from: <https://d3n8a8pro7vnm.cloudfront.net/caha/pages/48/attachments/original/1586312149/GGHH-Case-Study-Reducing-hunger-and-food-waste-in-our-community-Melbourne-Health.pdf?1586312149>
22. Rethink waste Tasmania. State/Local Government Category and Overall 2020 Winner: Launceston General Hospital (Food Services Department). 2020. [cited 2023 July 24]. Available from: <https://rethinkwaste.com.au/waste-not-awards-2020-winners/>
23. Cook N, Collins J, Goodwin D, Porter J. A systematic review of food waste audit methods in hospital foodservices: development of a consensus pathway food waste audit tool. *Journal of Human Nutrition and Dietetics*. 2022 Feb;35(1):68-80.
24. The National Archives. UN Climate Change Conference. 2021. [cited 2023 July 24]. Available from: <https://webarchive.nationalarchives.gov.uk/ukgwa/20230313121413/https://ukcop26.org/the-cop26-health-programme/>
25. The White House. FACT SHEET: Health Sector Leaders Join Biden Administration’s Pledge to Reduce Greenhouse Gas Emissions 50% by 2030. [cited 2023 July 24]. Available from: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/06/30/fact-sheet-health-sector-leaders-join-biden-administrations-pledge-to-reduce-greenhouse-gas-emissions-50-by-2030/>
26. Us Department of health and human service. United states Government. Health Sector Commitments to Emissions Reduction and Resilience. [cited 2023 July 24]. Available from: <https://www.hhs.gov/climate-change-health-equity-environmental-justice/climate-change-health-equity/actions/health-sector-pledge/index.html>
27. Cook N, Collins J, Goodwin D, Porter J. Factors influencing implementation of food and food-related waste audits in hospital foodservices. *Frontiers in Nutrition*. 2022 Dec 1;9:1062619.
28. Australian Marine Conservation society and World Wildlife Fund Australia. Climate impacts of plastic consumption in Australia. 2023; [cited 2023 July 24]. Available from <https://marineconservation.org.au>