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Symposium on
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implications for food policy**
1. Current issues in nutrition policy’

Food and nutrition policy in the Republic of Ireland: where to from here?

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The development of a food and nutrition policy for Ireland was among the terms of reference of the Nutrition Advisory Group which was established by the Irish Department of Health in 1991. Arising from this, a policy document will be published in the Autumn of 1995 (Nutrition Advisory Group, 1995). It is timely, therefore, to consider likely future developments relevant to food and nutrition policy in Ireland.

In the present review, reports and activities relating to food and nutrition policy since 1979 will be documented. Recently-published documents on health policy and on health promotion strategies and structures will be described. The implications of these recent developments for the further development and implementation of food and nutrition policy in Ireland will be considered.

DEFINITION AND COMPONENTS OF FOOD AND NUTRITION POLICY

The definition of food and nutrition policy which was adopted by the Nutrition Advisory Group was that which had been used by the Food Advisory Committee (1979) in Ireland in their report, as follows:

‘. . . a national strategy for improving the nutritional status of the population in a manner compatible with social, economic and cultural priorities.’

In earlier times, when an insufficient food supply was the major nutrition problem facing most populations, the provision and distribution of sufficient, safe food was the main challenge facing governments. In more recent times, while access to adequate amounts of food is not a problem for the majority of the population in most Western countries, the overall objective is similar: to facilitate and enable the consumption of appropriate amounts of energy, vitamins and minerals, with the optimum balance of nutrients.

The components of food and nutrition policy are set out in Table 1. Public policy on any aspect of life may be explicit or implicit. In the past, governments may have influenced food supply through fiscal policies such as subsidies and differential taxation. In addition, there is a long history in these islands of legislation to ensure the provision of a safe food supply.

Table 1. *Components of a National Food and Nutrition Policy* (After Helsing, 1990)

Prerequisites	Nutrition policy objectives: goals for food and health Nutrition information system: data on food and health
Food quality	Food quality standards, fortification Food safety
Food availability	Agricultural policy Food processing Prices, taxes and subsidies Mass catering Food trade
Knowledge	Professional training in nutrition Nutrition information to the public Nutritional labelling
Organization	Coordinating body Advisory body Decision makers

It is only in relatively recent times that governments have considered food policy from the perspective of the nutrition-related problems of Western, developed countries. Increasingly, governments are setting goals for food and health, establishing nutrition surveillance systems, undertaking nutrition health promotion programmes and establishing organizational structures for the development and implementation of food and nutrition policy (World Health Organization, 1995). Since 1979 there have been many developments in Ireland in these various areas of activity relevant to food and nutrition policy.

FOOD AND NUTRITION POLICY FORMULATION IN IRELAND IN RECENT TIMES

In its report, the Food Advisory Committee (1979) set out the case for a coherent food and nutrition policy to be developed in order to improve the health and well-being of the population. The Committee recommended the establishment of an intersectoral unit to develop, implement and evaluate a food and nutrition policy for Ireland. Recommendations were made on nutrition research, including the establishment of a national system for food and nutrition surveillance. Comprehensive recommendations were made on a range of developments which would be necessary to implement policy, including institutional and community nutrition services, and nutrition education for health professionals, in schools and for the general public.

In the early 1980s the Food Advisory Committee prepared two further reports of particular relevance to food and nutrition policy. The first report provided information for those preparing advice for the general public on healthy eating (Food Advisory Committee, 1984*a*). This report provided the basis for dietary guidelines for the public to the present day. (These guidelines were re-issued, with amendments, by the Health Promotion Unit of the Department of Health; Food Advisory Committee, 1987.) The accompanying report dealt with diet and coronary heart disease, addressing the issue from a public health perspective (Food Advisory Committee, 1984*b*). Recommendations were made as to the dietary and lifestyle advice which should be provided for those identified as being at increased risk of coronary heart disease.

A nutrition surveillance system was developed in Trinity College, Dublin, in the early 1980s. Two reports were published which reviewed the available information on nutrition-related diseases in Ireland (Kelly & Kevany, 1984; Kelly, 1985).

A landmark consultative document on health policy was published by the Department of Health (1986). Drawing on emerging theories, the report argued the case for multi-sectoral approaches to health promotion and for a re-orientation of the health services towards disease prevention. These themes were further developed in a report of the Health Education Bureau (1987). Having considered trends in the Irish diet and international developments which impact on food production and supply, the report recommended a multi-sectoral approach, taking health, commercial and agricultural interests into account.

THE 1990s

One of the major difficulties in formulating nutrition policy in Ireland was the absence of population-based information on diet and nutrient intake. The national nutrition survey carried out in 1989 was a major advance, the first such survey since the late 1940s (Irish Nutrition and Dietetic Institute, 1990). The survey found evidence of potential nutritional deficiencies, such as low intakes of Fe and Ca in some age-groups of women. The study highlighted the need for more detailed research on the Irish diet, for example on the proportions of different types of fat within the overall fat intake. A 7 d weighed dietary survey in a randomly-selected sample of sixty adults aged 35–44 years in County Kilkenny had found that 36% of total energy intake in men and 39% in women was derived from fat (Gibney *et al.* 1989).

A number of organizations have developed and implemented various nutrition education programmes. The Health Promotion Unit has been involved in many of these initiatives. A 5-year plan, *Nutrition Health Promotion. Framework for Action* (Health Promotion Unit, 1991), was published. Many of the programmes developed under this plan are to be expanded within the more-recently-published health promotion strategy (see p. 644 and Table 3).

An important development in recent years has been the establishment of a National Nutrition Surveillance Centre in University College, Galway. To date, the Centre has published three reports (National Nutrition Surveillance Centre, 1993, 1994, 1995). The work of the Centre is described in another report from the present symposium (Kelleher, 1996).

HEALTH POLICY

A major health policy document was published by the Department of Health (1994). In this, the central department stated its intentions to disengage from involvement in the planning of local health services. The Department of Health will in future direct its attentions towards overall health policy, and planning and evaluation of health services.

In general, there will be a gradual re-orientation of health and social services. The overall philosophy will be that of added value for services, either in terms of health status (health gain) or in terms of quality of life (social gain). It is acknowledged, following an examination of mortality and morbidity statistics, that the Irish population has lower levels of health compared with those in other European countries. It is intended that the health services will in future place greater emphasis on disease prevention and health promotion.

In order to start the process of change, the health strategy document appended a 4-year

Table 2. *Strategy and targets for control of food safety and hygiene*
(From Department of Health, 1994)

The Department of Health will update the legislative controls relating to food and medicine in Ireland. A national surveillance programme for controlling food-borne diseases will be developed and safe practices for the use of drugs and medicines will be further encouraged.

Food controls

Targets

- To develop a national surveillance programme for the control of food-borne infections
- To meet EU obligations for the harmonization of legislation and the modernization of control measures and in the process to revise and update existing legislation, such as the Sale of Food and Drugs Acts and provisions under the Health Act, 1947

To be achieved by:

- Establishing a new food unit in the Department of Health and a Food Safety Board
 - Upgrading food laboratory services
 - Achieving accreditation to international standards of the food laboratories designated for the purpose of EU directives
 - Conducting negotiations at EU level for new legislation and scientific cooperation
 - Guiding local management on their obligations for the enforcement of new controls
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EU, European Union.

action plan, with proposed developments in different health sectors. The plan included a section on food safety and hygiene which is reproduced in Table 2. It is clear that there is an intention to aim for the highest possible standards of food safety and hygiene, which addresses an important component of national food and nutrition policy.

The 4-year action plan also contains a section on nutrition. The forthcoming publication of the Nutrition Advisory Group's food and nutrition policy document is one component of the plan to improve the nutrition status of the population. Other planned actions relevant to nutrition are described in more detail in *A Health Promotion Strategy* which was subsequently published (Department of Health, 1995a; Table 3). As part of the plan, it is intended to implement the recommendations of the National Breastfeeding Policy (National Committee to Promote Breastfeeding, 1994). The health promotion strategy also contains targets and planned actions on exercise, cholesterol, blood pressure, diabetes and oral health.

The health promotion strategy recognized that activities will be located in key settings and focused on priority population groups, including children and the disadvantaged. A further document has been published on women's health (Department of Health, 1995b). It is intended that this will provide a basis for consultation, following which a policy will be formulated on women's health. The discussion document considers osteoporosis and eating disorders. Breast cancer is discussed from the perspective of screening, genetic services and treatment. Given that Irish women have a high incidence of breast cancer, research on the aetiology of the disease, including its nutritional associations, should be a priority in any national policy on women's health.

STRUCTURES RELEVANT TO FOOD AND NUTRITION POLICY

As announced in the health strategy, a Food Unit has been established in the Department of Health. The Statutory Instrument to establish the Food Safety Advisory Board has been

Table 3. *Strategy and targets for nutrition health promotion*
(From Department of Health, 1995a)

Nutrition
The on-going implementation, within the next 5 years, of the Department of Health's Healthy Eating Guidelines including:
Educating and motivating Irish people to eat a wide variety of foods in line with current recommendations as illustrated in the food pyramid
The encouragement of the achievement and maintenance of a healthy weight through healthy eating and regular exercise
The encouragement of a reduction in total fat intake (to no more than 35% of energy as fat) by the year 2005 and to attain an appropriate balance of fats
The achievement of a moderate reduction of 10% in the percentage of people who are overweight and a reduction of 10% in the percentage of people who are obese by the year 2005 (this target has been set understanding the difficulties associated with reducing overweight and maintaining a healthy weight)
Breast-feeding
An overall breast-feeding initiation rate of 35% by 1996 and 50% by the year 2000
An overall breast-feeding rate of 30% at 4 months by the year 2000
Among lower socio-economic groups, a breast-feeding initiation rate of 20% by 1996 and 30% by the year 2000
Actions planned in these areas include:
Implementing the 5 Year Framework for Action on Nutrition
Establishing a community nutrition service in each health board
Continuing to promote healthy eating through initiatives like National Healthy Eating Week
Continuing nutrition education for health professionals
Expanding community-based healthy eating initiatives for lower socio-economic groups
Implementing the recommendations in the National Breastfeeding Policy

enacted (Department of Health, 1995c). Its terms of reference encompass food safety, nutrition and legislation. Sub-committees on specific nutrition issues will be convened as required, providing the opportunity to broaden the nutrition expertise available to the Board.

The structures for health promotion have been reviewed in the health promotion strategy document (Department of Health, 1995a). Consideration will be given to the appropriate location for the health promotion function at national level. A National Consultative Committee on Health Promotion has been established, chaired by the Minister of State at the Department of Health, with intersectoral and expert representation. This Committee will submit periodic reports to the Cabinet Sub-Committee on Health Promotion. The academic Department of Health Promotion in University College, Galway, is an integral component of national health promotion structures, as will be the newly-established departments of public health medicine in the regional health boards. These structures should provide mechanisms to support the health promotion activities of health professionals, community groups and those in the voluntary sector. The Health Promotion Unit of the Department of Health currently includes nutrition health promotion within its remit and has been actively involved in a variety of nutrition health education programmes. It is likely that nutrition health promotion will continue to be integrated with other health promotion initiatives with a variety of target groups.

The National Nutrition Surveillance Centre is clearly important for the evaluation of food and nutrition policy and nutrition health promotion and is located, as described pre-

viously, within the Department of Health Promotion in University College, Galway. Other academic and research institutions will play an important role in advising on priorities and appropriate activities for food and nutrition policy and in supporting its implementation. Nutritionists in clinical practice will play a vital role in policy implementation at local as well as at national level. This function will become even more important with the planned increase in community-based clinical nutritionists.

THE FUTURE

An important component of the implementation of food and nutrition policy will be liaison between those approaching it from a nutrition perspective and those in other sectors. Planned structures should facilitate coordination of those whose primary interest is in nutrition with those involved in monitoring and control of food safety.

A more proactive approach will be necessary to encourage those involved in food production, processing, retailing and catering to increase the consideration given to nutrition aspects of their activities. The effectiveness of this approach may, however, be limited by the global context within which food producers now operate. The involvement of the agri-food sector in the implementation of food and nutrition policy in the Netherlands is described in another paper from this meeting (Traill & Henson, 1996). The provision of healthier food choices for the home market in Ireland will be encouraged by the provision of consistent nutrition education messages to consumers. Nutritionists have vital roles in this process, both as advocates for healthy food choices and as providers of information to consumers, unbiased by commercial concerns.

Further papers in the present symposium will consider nutrition research as relevant to food and nutrition policy, and nutrition surveillance, both of which are of the utmost importance to policy formulation, implementation and evaluation (Gibney, 1996; Kelleher, 1996).

Thus, overall health policy has been made explicit in recent years in a manner which is unprecedented in Ireland. There are specific plans for health promotion and, within those, for nutrition health promotion. Structures have been put in place and are being established to support the implementation of health promotion initiatives and of food and nutrition policy. There are commitments to expand nutrition health promotion activities and to develop community-based nutrition services. The commitment and involvement of nutritionists will be necessary to maximize the potential of these various initiatives and to ensure that nutrition health promotion receives its fair share of attention within the competing agendas of the various institutions involved.

The food and nutrition policy will be published at a time when health policy is being redirected towards health promotion and disease prevention (Nutrition Advisory Group, 1995). Avenues are now being opened through which those with an interest in the improvement of health through better nutrition will have a greater chance of success in their ventures than has been the case previously. I hope that it will be possible to harness the nutrition expertise of the country and to coordinate activities to take maximum advantage of the opportunities which now present themselves.

I look forward to hearing the opinions of nutritionists when the food and nutrition policy is published. Support will also be welcome in disseminating information about the policy to those in the food sector, to colleagues in the health and academic sectors, as well as to the general public.

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