



The NSW Food and Nutrition Monitoring Plan and its companion publications (describing suggested methods for use in dietary surveys, monitoring overweight and obesity, and food supplied by school canteens) will be issued soon. The plan is a key step in the implementation of aspects of the strategy described in *Food and nutrition directions for NSW: 1996-2000*, which was launched by the Minister for Health in December 1996. This edition of the Bulletin features the major elements of the plan.

## NSW FOOD AND NUTRITION MONITORING PROJECT

### GUEST EDITORIAL

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**N**ew South Wales can take pride in having one of the world's best food supplies, yet diet-related disease is commonplace. Poor nutrition is a major risk factor for cardiovascular disease, stroke, some cancers, diabetes mellitus, osteoporosis, dental caries and iron-deficiency anaemia. The potential years of life lost to age 65 because of diet-related disease are 70 per cent of those lost because of smoking<sup>1</sup>.

The NSW Health Department has recognised that nutrition is a high-priority issue for health promotion and disease prevention, and has initiated important policies for public health nutrition. These include developing explicit nutrition goals and targets, dissemination of a State food and nutrition strategy, and incorporation of nutrition indicators into Area Health Service performance agreements. Such developments increase the need for information by those who are required to plan, monitor, evaluate, argue for, and make decisions about, nutrition programs at State and local levels.

Nutrition monitoring is a key objective of the State food and nutrition strategy. In recent years the NSW Health Department has undertaken some major nutrition-monitoring projects in collaboration with the Nutrition Unit of the Department of Public Health and Community Medicine, University of Sydney.

These began with a landmark publication called *Food and nutrition in NSW: a catalogue of data*<sup>2</sup>. Given the size and complexity of the food and nutrition system and the fact that useful data are located outside the health system, the catalogue was designed to compile relevant fragments of nutrition data into a coherent, accessible form. This project generated baseline data, which is vital for setting State targets and benchmarks for measuring progress. It also clarified strengths and limitations of, and gaps in, the available nutrition data.

Continued on page 48 ▶

### Contents

#### Articles

41 *NSW Food and Nutrition Monitoring Project - Guest editorial*

42 *Plans for monitoring food and nutrition in NSW*

44 *Monitoring aspects of food habits in population-based surveys in NSW*

46 *Monitoring overweight and obesity in NSW: A guide*

49 *Monitoring trends in foods available in school canteens*

#### Infectious Diseases

51 *June 1997*

55 *July 1997*

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