Submission on the National Food Security Strategy Discussion Paper

The George Institute for Global Health

1 October 2025

Acknowledgement of Country

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Bedegal people on which our Sydney office is situated. We pay our respects to Elders past, present and future. We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and seek to work in partnership with communities to deliver better health outcomes.

About The George Institute for Global Health

The George Institute for Global Health (The George Institute) is a leading global medical research institute, founded in Sydney, Australia, and with major centres in China, India and the United Kingdom. Our mission is to improve the health of millions of people worldwide, particularly those living in resource-poor settings, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases.

Our Food Policy Team works in Australia and overseas to reduce death and disease caused by poor diets, with a strong focus on tackling food security and related health inequities. The team conducts multi-disciplinary research with a focus on generating outputs that will help government, industry and communities to deliver healthier food environments for all.

Our Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program drives meaningful and ethical research and advocacy to transform the health and wellbeing of First Nations peoples and communities. Guunu-maana is led through Aboriginal and Torres Strait Islander ways of knowing, being and doing to generate evidence that privileges Indigenous knowledges and translates to actions that empower peoples and communities.

Executive Summary

The George Institute welcomes the opportunity to provide a submission to help inform the development of the Australian Government's *Feeding Australia: National Food Security Strategy* ('the Strategy').

In responding to the discussion paper, we will highlight research we have conducted, or been involved in, that focuses on the issues of food and water security as critical determinants of health. There are innovative evidence-based approaches that leverage the power of community and healthcare to tackle food insecurity as well as improve population health that should be considered in the Strategy. Adding these health-related strategies complements other food security measures already identified in the discussion paper – that are predominantly agriculture, trade, and industry-focused – to ensure that the Strategy is a comprehensive plan to address food security in all forms and across sectors.

The George Institute recommends three key actions to strengthen the draft Strategy that focus on the Strategy's content, governance and implementation:

1. Prioritise people, health, nutrition and the environment

A narrow focus on economic measures ignores the intrinsic connection between food, health and wellbeing. Food security is not only about achieving sufficient supply in the market, but also ensuring people can access nutritious, sustainably produced food that promotes their health. A food system that prioritises human and planetary health will have double-duty benefits, promoting sustainable diets with low environmental impact *and* providing food and nutrition security for all Australians.

2. Establish cross-sectoral governance and accountability systems

The food system is complex, therefore a whole-of-government approach to governance is needed to address fragmentation. Accountability systems should also be established to enhance food system outcomes. While we recommend that the Strategy works towards a medium timeframe, regular and comprehensive evaluation should be implemented as soon as reasonable (e.g. annual monitoring of prevalence of food insecurity among vulnerable populations) to track progress and enable modifications to enhance the Strategy.

3. Allocate responsibility and adequate funding for implementation

To ensure the National Food Security Strategy achieves its aim of *"tangible impacts and real-world benefits", c*lear allocation of responsibility and adequate funding for implementation needs to be established. A comprehensive implementation plan should be developed alongside or shortly after the Strategy is finalised.

Finally, we welcome the establishment of a National Food Council to provide advice to the Minister for Agriculture, Fisheries and Forestry and the department to support the development of the Strategy. A publicly accountable National Food Council is critical to monitor progress on food system goals, with transparent reporting structures and multi-sectoral representation across the entire food system. We recommend that the representatives selected for the National Food Council genuinely reflect the multi-stakeholder, cross-disciplinary approach needed across multiple levels to develop an effective *National Food Security Strategy*.

Recommendations

The George Institute recommends that the Department of Agriculture, Fisheries and Forestry:

1. **Define the goals** of the *National Food Security Strategy*, acknowledging that the overarching purpose of Australia's food system is to provide nourishing food, not just calories, for the health and wellbeing of all people.

2. Develop the Strategy through a **rights-based lens** and include equity and the right to food as guiding principles, to transition Australia's approach to food insecurity towards dignified, systemic actions rather than relying on charitable responses.

3. Centre "**People, Nutrition and Health"** as a key priority area, acknowledging that the food system's impact extends well beyond agricultural production to shape the health outcomes of Australians, which is itself fundamental to economic productivity and prosperity.

4. Include "Environment" as a key priority area and embed **action to mitigate climate change** and environmental degradation as integral to food security.

5. Include a revised key priority area of '**Sustainable and Equitable Productivity'**, to address key productivity challenges facing Australia's food system through the lens of sustainability and equity.

6. Include an **innovative role for the health care system** to address the burden of food insecurity in the community via 'food prescription' programs, improving health AND create a new and sustainable market for Australian-grown foods.

7. Incorporate and prioritise **Aboriginal and Torres Strait Islander food and water sovereignty** by protecting access to traditional and culturally significant foods and ensure genuine partnership with communities in the Strategy development process.

8. Establish a **whole-of-government approach to governance** to address fragmentation and enhance food system outcomes, with clear allocation of responsibility, funding for implementation and accountability mechanisms.

9. Add '**Monitoring and Surveillance'** as a whole of system consideration to establish clear, measurable targets and embed regular food system reporting to monitor progress towards improving food and water security.

10. Move 'Economic Growth' from a key priority area to a whole of system consideration to enable and **incentivise innovation that promotes double-duty benefits**, such as healthcare delivered food prescription programs and circular economy strategies to enhance the sustainability of farming practices.

11. Add '**Local and Community-led Food Economies'** as a whole of system consideration to diversify supply chains, promote local, regenerative production and build resilience of Australia's food system.

12. Ensure the National Food Council members adequately reflect the **multi-sectoral and complex nature of the issue of food security** – including health experts, representatives of Aboriginal and Torres Strait Islander peoples and communities, people with lived experience and social welfare experts.

Responses to Discussion Questions

1. What other principles should government, industry and community prioritise to support the development of the Strategy and why are these important?

The George Institute agrees with the proposed principles; however we recommend the following additional guiding principles to support the Strategy's development:

- **Centre People, Health and Environment.** The food system is complex, and we agree with the whole of food system guiding principle proposed. However, people and health are not prioritised in the proposed Strategy scope, even though the concept of food security is ultimately about whether individuals and communities can access safe, affordable and nutritious food to sustain health and wellbeing. The health of people and the planet is interdependent and intrinsically linked. We recommend including "People, Health and Environment" as an additional guiding principle to the Strategy's development, consistent with a One Health approach [1]. This can strengthen the collaboration between the health, environment and agricultural sectors, help mitigate negative unintended consequences on people experiencing food insecurity and will align with other federal initiatives such as the new Australian Centre for Disease Control. A People, Health and Environment focus recognises that food security is achieved not only when there is sufficient supply in the market, but when people can access diets that enable good health, and that are produced sustainably.

- **Right to food.** Food security is a structural, human rights issue. The right to food is a fundamental human rights enshrined in international law, that underpins health, wellbeing, and dignity of the individual, as well as the social stability of the community. We recommend including the right to food as a key guiding principle and consider it critical to the development of an effective Strategy that will tackle root causes of food insecurity. A rights-based approach to food security enables conditions where healthy and sustainable diets are universal, not based on household income or geographical location.

- **Equity.** Food insecurity among the community is driven by social, economic and political inequities. Current approaches to addressing food insecurity in Australia are focused on a patchwork of charitable initiatives. While food relief agencies have a vital role in addressing the emergency response to food insecurity, they are not a sustainable solution to a deeper problem. Ensuring food security is a collective responsibility that requires addressing social and cultural determinants of health. Having equity at the core of this Strategy is needed as food security is a social justice issue that cannot be solved in isolation.

2. What timeframe should the Strategy work towards – short (1 to 2 years), medium (5 to 10 years) or long (10-plus years) term, and why?

We recommend that the Strategy works towards a medium timeframe. This would facilitate a fit-for-purpose Strategy to be developed, provide a feasible timeframe for implementation, and enable evaluation to be undertaken to inform planning of next steps after the 5-10 year period – but noting that carefully designed and comprehensive evaluation be implemented as soon as reasonable and occur regularly (e.g. annual monitoring of prevalence of food insecurity among vulnerable populations) to track progress and enable modifications to enhance the Strategy.

3. Are there examples of current or planned initiatives by you or your organisation to improve food security in your sector?

The George Institute has several current and planned research initiatives that focus on addressing the issues of food and water insecurity, described below.

Food is Medicine programs: an innovative way to integrate food and healthcare systems

The prevailing healthcare paradigm in Australia and other high-income countries – a drug-centric treatment ("sickcare") model – is neither optimising health outcomes nor economically sustainable. Heart disease and diabetes alone cost $17 billion in direct treatment costs each year in Australia. The need to tackle upstream determinants of health, especially nutrition, has therefore been acknowledged by government and healthcare system stakeholders. Food is Medicine programs are emerging as a promising response to this demand.

In these programs, subsidisation or provision of nourishing food is used as part of healthcare delivery and financing to prevent, manage, or treat diet-related conditions. These programs are generally targeted towards those experiencing food insecurity, i.e. prioritise equity; and often source foods from local and regenerative sources. Thus, Food is Medicine programs prioritise *nutrition security* as a central pillar of healthcare provision, and build upon cross-sectoral policies with important likely co-benefits – for the community (improved food security and health), for healthcare (re-allocating resources to health foods leading to improved system performance), and food growers (new markets for local and sustainably grown produce, reduced food waste).

Several promising Food is Medicine models have already been implemented around the world - these range from GP prescribed fruit and vegetable voucher systems redeemable at farmers markets to nutritionally tailored food boxes or pre-prepared meals delivered to patients [2]. To date, the United States has been the foci of Food is Medicine program roll out and evaluation, with such programs widely supported by policy makers and health professionals [2]. Evidence from the United States shows that

Food is Medicine programs improve food security, diet quality, management of diet-related conditions such as diabetes and hypertension, mental health and may reduce overall health system spending [2, 3].

The George Institute is leading ground-breaking research to generate high quality evidence on Food is Medicine programs in Australia. Our research has shown that a fresh food box delivery program (i.e. Produce Prescription) was related to substantial improvements in diet quality, weight loss and blood lipid profile in adults with type 2 diabetes experiencing food insecurity [4]. In addition to these clinically relevant outcomes, this pilot program reduced the likelihood of study participants experiencing food insecurity. Participants also reported high levels of satisfaction with the program. These emerging data highlight healthy food prescription as a promising and acceptable approach to improving food security and health outcomes in the Australian context.

We have also spoken with stakeholders including representatives of government, healthcare services, clinicians, food retailers, consumers and non-government organisations to understand their perspectives on the potential of Food is Medicine programs in Australia. All stakeholders considered such programs to be acceptable, likely to provide a range of health and social benefits and could significantly add to existing healthcare-based nutrition programs (which relies heavily on dietitian counselling) [5]. Stakeholders also identified opportunities to align program integration and outcomes with *existing* priorities in local, State and Federal initiatives such as The Australian Government's Primary Health Care 10 Year Plan 2022-2032.

The George Institute has three randomised controlled trials (RCT) underway. These Australian-first RCTs will generate high-quality evidence on the efficacy of different Food is Medicine interventions among food-insecure individuals with type 2 diabetes and diabetes in pregnancy [6-8] compared to usual care. In addition, these RCTs will examine the feasibility, acceptability, and cost-effectiveness of such programs within the Australian context, critical to inform future translation and scalability. Horticultural industry stakeholders have expressed strong support and have provided significant input to enable the development of these programs. One of our food prescription programs, for instance, is rolled out in partnership with OddProd – a new business who upcycles fruit and vegetables that might otherwise go to waste to make high-quality foods more accessible.

The George Institute is also delivering a pilot project in partnership with a community-based food relief organisation to test a nutritious pre-prepared meals (i.e. medically tailored meals) program for people with type 2 diabetes facing food insecurity in Melbourne. We also plan to conduct a nationally representative survey to ascertain the acceptability and public support for Food is Medicine interventions provided through the healthcare system in Australia.

Exploring a vegetable provisioning model for primary schools

In addition to Food is Medicine programs, The George Institute is also co-developing programs to tackle food security and improve health outcomes in the broader community outside of the healthcare system. In partnership with Western Sydney Local Health District, The George Institute is delivering a project to increase vegetable intake among children at school through snacking. Ninety-five percent of Australian children do not meet recommended vegetable intake [9]. Many primary schools have fruit and vegetable breaks programs, such as Crunch & Sip® in NSW and WA which ask parents to provide their child with fruit or vegetables, however most parents only provide fruit [10]. Primary-school aged children in Australia attend school 5 days a week, thereby representing a significant source of immediate demand as well as the opportunity to contribute to habit formation of eating vegetables as snacks and establishing lifelong healthy eating habits.

A recent review found that primary school interventions could achieve increases of up to 0.4 vegetable serves/day [11], with nutrition education and provisioning being the most used strategies. Barriers in schools include lack of access and availability of vegetables, lack of suitable educational resources embedded in the curriculum, and food insecurity [12].

This project will explore business models for vegetable provisioning for snack breaks in primary schools, and pilot initiatives in school-based settings. Our research aims to determine which vegetable provisioning model(s) can best support increased vegetable consumption during snack breaks in primary schools, based on stakeholder needs/views and proof-of-concept evaluation.

This research forms part of the national "Plus One Serve of Vegetables by 2030" program led by AUSVEG, which will deliver a coordinated series of specialised, behaviour change research projects to generate innovative and practical ways to overcome the barriers to consumption. This research is related to other Hort Innovation funded projects aimed to increase vegetable consumption in the school setting and also builds on research previously undertaken by NSW Health to increase vegetable snacking in schools.

Food sovereignty for Aboriginal and Torres Strait Islander Communities

Aboriginal and Torres Strait Islander peoples have powerful relationships with food and food systems through connection to Country. Food security for Aboriginal and Torres Strait Islander peoples is inseparable from a holistic view of health, which is grounded in Connection to Country. For First Nations people, Country refers to a multi-dimensional concept [13], in which the land, water, skies and spirit are interconnected with culture, identity, knowledge and relationships. As such, food and water are not just material resources but central to cultural practice, wellbeing, and continuity of identity.

Past and ongoing colonisation has affected the intimate relationship that Aboriginal and Torres Strait Islander peoples have with Country, including food and food practices, through land clearings, introduction of foreign animals, and the forced use of rations. Colonisation disrupted healthy traditional diets for Aboriginal and Torres Strait Islander peoples, rich in bush foods and vegetables, and lean animal protein. Colonisation had, and continues to have, profound and detrimental impacts on Aboriginal and Torres Strait Islander communities, including on food security.

Complex social determinants, including those related to the ongoing impacts of colonisation, have prevented many Aboriginal and Torres Strait Islander peoples and communities from accessing safe, healthy, and affordable food. Further, the cultural determinants of health, including self-determination, First Nations knowledges, cultural expression and Connection to Country, have been continually neglected by successive governments in response to food security issues.

Community self-determinative and holistic approaches are essential to ensuring food and water security for Aboriginal and Torres Strait Islander peoples. Aboriginal Community-Controlled Organisations (ACCOs) and community members in Walgett, located in north-west NSW, have long been concerned about the intolerable levels of food and water insecurity in their town. In response, a community-driven partnership called 'Yuwaya Ngarra-li' was established, led by the Dharriwaa Elders group together with the University of New South Wales and other partners, including Walgett Aboriginal Medical Service [14]. Formed out of the Dharriwaa Elders Group's vision for a healthier, stronger future for their community, Yuwaya Ngarra-li is grounded in principles of self-determination, cultural authority, long-term commitment, and respect for local knowledge and priorities.

A key initiative of the partnership is the community-led 'Food and Water for Life' initiative [15] which seeks to improve food and water security by addressing poor drinking water quality, food availability, quality and cost, and the associated health issues in Walgett. The program is co-led by community partners and supported by research investigators from The George Institute. Clear outputs of this work include community advocacy for improved water quality [16], pilot projects to strengthen local food supply chains and healthy food access, including projects such as re-establishing food retail, developing community gardens [17], creating a local recipe book, and running cooking and nutrition classes, and policy engagement to shift structural barriers, including submissions to government [18], and collaboration with councils Beyond these tangible outcomes, Yuwaya Ngarra-li has demonstrated the effectiveness of partnerships that place Aboriginal voices and authority at the centre, offering an ideal framework [19] for addressing food and water insecurity in other First Nations communities.

Progress in improving food security for Aboriginal and Torres Strait Islanders demands a genuine commitment to collaboration from policymakers, involving a process where community define their priorities and lead the design and delivery of policies and programs [20]. The case study of water insecurity in Walgett demonstrates the importance of integrating water security, including the health of the rivers, into policies and government interventions on food security. Community involvement, including shared planning, decision-making and evaluation, must be prioritised in identifying and acting on community food and water security needs. The most effective programs integrate genuine community involvement and leadership at all stages and target the social and cultural determinants of health.
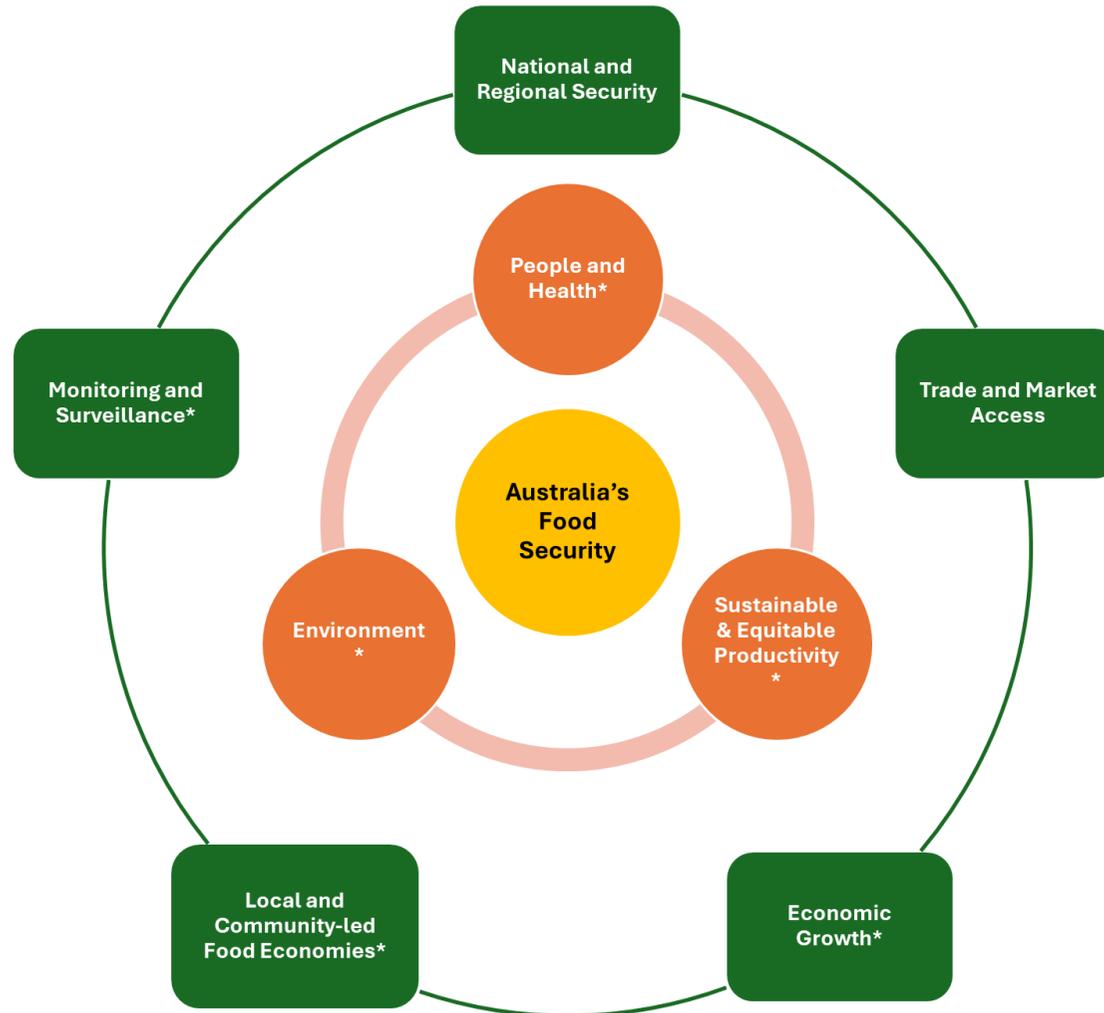
4.   Do the proposed key priority areas and whole of system considerations adequately represent the actions needed for an effective food security Strategy? If not, what is missing?

The three proposed key priority areas of the Strategy are all focused on agricultural productivity and efficiency. "People, Health and Nutrition" are not considered in the priority areas despite being core to the concept of food security and to the purpose of Australia's food and agricultural system. Additionally, environmental priorities (e.g. climate change) are discussed in the context of supply chain and agricultural productivity rather than through a whole-of-system lens.

This represents a siloed view of the food system that fails to recognise the connection between agriculture, the food manufacturing sector, and the impact that food environments have on diets and health. The food system is more than agricultural outputs and addressing the challenge of food security requires a new level of convergence between initiatives focused on environmental change, food systems and health outcomes. A Strategy that does not recognise the centrality of health and nutrition priorities runs the risk of failing to break the status quo of food insecurity.

Considering these gaps, **we have recommended revisions to the proposed key priority areas and whole of system considerations (Figure 1).** These recommendations will enable a more comprehensive and effective Strategy for improving food and nutrition security across Australians and sustaining the environment. In addition, Strategy development should ensure proper governance and implementation structures are embedded within the scope, to genuinely achieve an ambitious, forward-looking Strategy that has tangible impact (Chapter 1.3 and 1.4).

Figure 1. Summary of revisions to the proposed National Food Security Strategy. An asterisk (*) indicates a new or revised addition.

Recommended revisions to the proposed key priority areas

1. ***We recommend including 'People and Health' as a key priority area***

Every Australian has a right to lead healthy, productive and fulfilling lives, free from noncommunicable diseases (NCDs), also known as chronic diseases [21]. As Chapter 3.2 and 3.3 outlined, Australia is a food secure nation, however many Australians experience nutritional insecurity, negatively impacting their physical and mental health. In addition, Australia's food system favours the production and supply of highly processed food and drinks [22]. A longitudinal study led by researchers at The George Institute found that over a five-year period, highly-processed food accounted for 55% of total energy consumed in over 10,000 Australian households [23]. Highly processed food that is high in sodium, sugar and fat also tends to be more convenient and more heavily promoted [22, 24]. It is widely known that social, cultural, economic and commercial environments have the greatest influence on our food options, accessible resources and lifestyle choices [22].

There is repeated acknowledgement in the discussion paper that food insecurity is worse for specific segments of community, but no proposals that will address such inequity. It is imperative that a National Food Security Strategy centres people and health as a key priority area to ensure actions that will address the system-level drivers of food and nutrition insecurity to increase the population's consumption of nutritious, culturally appropriate and affordable foods.

While 'People' and 'Health and Nutrition' have been included as a whole-of-system considerations in the discussion paper, health and people-centred responses to food security should be prioritised. We recommend that a new 'People and Health' priority be added to replace 'Competition and cost of living' as a priority area. While we appreciate that competition and cost-of-living are important issues that should feature in the Strategy as drivers of food insecurity, it is too narrow in focus for a whole-of-system Strategy. We believe that competition and cost-of-living issues can be adequately addressed as part of a revised key priority area below.

2. ***We recommend a revised key priority area of 'Sustainable and Equitable Productivity' to combine 'Productivity, innovation and economic growth' and 'Competition and cost of living'***

The key challenges outlined under these two current priority areas focus on food system elements related to agricultural productivity, efficiency and supply chains. However as the Productivity Commission's recent report noted [25]: *"productivity growth is not just about having more money and more stuff…. productivity growth can support broader social progress by increasing the time, money and resources available to put towards things like healthcare, education and a social safety net."*

We acknowledge that productivity and innovation within the food system are key goals of the Department, but strongly recommend the Strategy adopt more holistic metrics of the food system's overall productivity and efficiency such as *"the number of people that can be fed healthily and sustainably per unit input"* [26].

The Productivity Commission's report [25] further noted that governments should prioritise the follow policy reforms to enhance productivity in Australia:

- Promote economic dynamism and resilience through investment (i.e. address power imbalances, diversify investments).
- Find the lowest cost ways to meet the climate challenge (e.g. invest in cheaper, cleaner energy and net zero transformation).

A revised 'Sustainable and Equitable Productivity' priority area would strengthen the Strategy by focusing on comprehensive efforts to address the key productivity challenges facing Australia's food system through the lens of sustainability and equity.

3. *We recommend centering 'Environment' as a key priority area, to capture 'Resilient supply chains' and 'Climate change and sustainability'*

The discussion paper acknowledges climate change as a significant threat as well as key issues of sustainability, biosecurity and biodiversity. Planetary health is critical to the production of nutritious foods, which is key to food security. We recommend that 'Environment' be included as a key priority area, and to broaden beyond a sustainability and climate change scope to include actions that also address five related threats to food systems: loss of biodiversity and ecosystems, land use, freshwater systems changes, nutrient cycles affecting soil and water health, and chemical pollution. This is aligned with the planetary boundaries framework [27], and inclusion as a single priority area instead of across two separate structures of the Strategy would support the coordination of efforts to address environmental threats.

Recommended revisions to the proposed whole of system considerations

We recommend whole of system considerations that will genuinely support *"shared ownership and responsibility that empowers stakeholders across the food system to take actions in support of the Strategy's outcomes." (Chapter 1.2)*. As such we recommend the following revisions to better reflect the complex nature of the food system and actively identify opportunities for trans-disciplinary and multi-stakeholder collaboration.

1. ***We recommend adding 'Monitoring and Surveillance' as a whole of system consideration***

There is a lack of nationally consistent data on food insecurity, impacting efforts to address the issue [28]. Robust food security data systems are essential for raising awareness, enhancing coordination, ensuring transparency, and promoting equity across sectors. We recommend that 'Monitoring and Surveillance' to be added as a whole of system consideration that enables Australia to track our progress towards achieving food and nutrition security for all, and to track the impacts of the Strategy. The Strategy should also ensure that water security, as a key compounding factor of food security, is measured and monitored alongside food security.

2. ***We recommend 'Economic Growth' be moved from a key priority area to a whole of system consideration***

We recommend shifting the scope of the Strategy from a market-focus to a health-focus. Australia's food system exists to ensure sustainable, nourishing food for the health and wellbeing of all Australians. This in turn can support economic participation and growth, which is important, but should not be a primary focus of a national food security Strategy.

There are system-wide gains from addressing diet-related chronic diseases, through reducing the pressures on our health and aged care systems, and economic benefits. In 2017, the Productivity Commission estimated that Australia's Gross Domestic Product could be increased by $4 billion per year if population health was improved [29, 30].

Lost labour force participation from chronic diseases is projected to cost $67.7 billion by 2030, representing 459,000 lost productive life years [31]. Australia loses over 5000 full-time equivalent work years each year to mental health compensable claims alone [32]. Chronic diseases are highly preventable, causing 90% of preventable deaths in Australia. In 2022-23, health expenditure on chronic diseases was $82 billion, representing almost half of all health expenditure in Australia [32]. This significantly lowers Australia's economic productivity and drains public finances, with individuals contributing 53% of non-government spending on health [31].

Economic growth via sustainable innovation and circular economies is needed. For example, circular economy strategies can enhance the sustainability of farming practices, and the Australian Government has already committed to such strategies in Australia's Circular Economy Framework [33]. Actions under this whole of system consideration should enable and incentivise innovation that promotes double-duty benefits that achieve health, equity, environmental, and economic goals simultaneously.

3. ***We recommend the addition of 'Local and Community-led Food Economies' as a whole of system consideration***

As part of the wider public health community, we support the call from other food system researchers, agencies and advocates for Federal funding to support regenerative farming, food hubs, co-ops, and social enterprise initiatives. This support will help to diversify supply chains, promote local, regenerative production and build resilience of Australia's food system.

5. ***What actions could the Strategy take to address challenges under each key priority area?***

In line with our proposed revisions to the three key priority areas, we recommend the following actions under each revised priority area.

People and Health

We endorse actions that align with *existing* measures in local, State and Federal initiatives such as the *National Preventive Health Strategy 2021-2030*.

- **Policy and investment into innovative "Food is Medicine" strategies as an option to improve access to affordable nutritious food for those facing food insecurity.** Independent, local food and meal providers are key partners in the delivery of Food is Medicine, reflecting the critical link between food and health. There is an opportunity to invest in successful, local food initiatives (e.g. food hubs, small-medium enterprises) as potential partners of Food is Medicine programs. Food is Medicine programs could also create a new market and income stream for producers of nutritious foods e.g. Australian farmers.
- **Mandate the Health Star Rating.** With approximately 14 million Australians still living with overweight or obesity, stronger regulation of unhealthy food is needed [22]. The discussion paper correctly notes that a focus only on food quantity is insufficient for optimal health and the true goal should be nutrition security. Measures such as mandating Health Star Rating could increase consumer awareness of directing their choices (and budget allocation) towards foods that are nutritious and locally grown.

Sustainable and Equitable Productivity

We also endorse actions that support more equitable, healthy and sustainable food production in Australia, that also mitigate environmental threats.

- **Government policy and investment that supports climate-smart, ecologically sustainable food production,** including regenerative agriculture, traditional food systems, and agrobiodiversity.
- **Incorporate and prioritise Aboriginal and Torres Strait Islander food sovereignty** by supporting access to traditional foods, protecting Indigenous food systems, and enabling communities to exercise their rights to harvest, grow, and consume culturally significant foods.
- **Conduct a review of food procurement policies to favour local, sustainable, and healthy food producers.** Several jurisdictions have existing food policies to improve the healthiness of food and drinks provided in public settings (e.g. hospitals, schools) which could be enhanced to favour local and sustainable producers of healthy food. The World Health Organization's public food procurement action framework also provides an overview of how to develop (or strengthen), implement, assess compliance with, and evaluate, the effectiveness of a healthy public food procurement and service policy [34].

Environment

- **Acknowledge the need for strong policy, credible plans and real investment to support the Australian Government to set the strongest 2035 climate targets possible.** A stronger target will protect Australians from worsening climate disasters, unlock economic opportunities in clean industries, and enhance our regional security.

6.   *What actions could the Strategy take to address challenges under these whole-of-system considerations?*

In line with our proposed revisions above, we recommend the following actions under each new whole of system considerations outlined above.

Monitoring and Surveillance

- **Improve policy coherence and visibility of the food system** through regular food system reporting, for example identifying and measuring food system impacts on health. Include globally standardised food security indicators as well as those concerning population diet quality, nutrition status, and diet affordability [35].

- **Regular, mandatory national monitoring of household food insecurity**, using validated tools such as the 18- item USDA Household Food Security Survey Module or Household Food Insecurity Access Scale (HFIAS).
- **Regular assessments of the prevalence and distribution of water insecurity** using culturally appropriate and comprehensive tools, for example the Water InSecurity Experiences (WISE) Scale.
- **Monitoring should be established and led by ABS/AIHW** to measure food insecurity, diet quality, affordability, and access, disaggregated by population group and geography.
- **Establish targets to reach zero hunger and food insecurity** among Aboriginal and Torres Strait Islander peoples, low-income, student and regional households, aligning with the UN Sustainable Development Goals.

Local and Community-led Food Economies

- **Increased funding for community food infrastructure,** including First Nations food programs, school gardens, food hubs, urban farms, and local food systems that provide dignified access to good food. There are many examples of successful community food projects currently running. Major investment to scale these models would provide dignified alternatives to food charity *and* distribute benefits across the food system.

Conclusion

As highlighted in this submission, addressing food security demands a comprehensive, multi-sectoral approach that recognises its complex and diverse drivers. The National Food Security Strategy is an opportunity for strong coordinated action towards a nourishing, equitable and sustainable food system for the health of people and the planet.

This submission highlighted the promising role of Food is Medicine programs that prioritise *nutrition security* as a central pillar of healthcare provision, and build upon cross-sectoral policies with important co-benefits for the community (improved food security and health), for healthcare (re-allocating resources to health foods leading to improved system performance), and food growers (new markets for local and sustainably grown produce, reduced food waste). Our ongoing work will contribute to an evidence base, which we believe will show the potential of these programs to improve access to nutritious food.

The cultural determinants of health are crucial components of Aboriginal and Torres Strait Islander peoples' holistic understanding of health and wellbeing, and how food and food systems relate to that. We recommend the integration of water security into

the scope of the Strategy, and hope that the Department of Agriculture, Fisheries and Forestry incorporate and prioritise Aboriginal and Torres Strait Islander food and water sovereignty by protecting access to traditional and culturally significant foods. Importantly, this process must be led by Aboriginal and Torres Strait Islander peoples and communities in authentic partnership with the Department.

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References

1. World Health Organization. *One Health*. 2025 [cited 2025 29 September]; Available from: https://www.who.int/health-topics/one-health#tab=tab_1.

2. Mozaffarian, D., et al., *"Food Is Medicine" Strategies for Nutrition Security and Cardiometabolic Health Equity: JACC State-of-the-Art Review*. J Am Coll Cardiol, 2024. **83**(8): p. 843-864.

3. Seligman, H.K., et al., *A Systematic Review of "Food Is Medicine" Randomized Controlled Trials for Noncommunicable Disease in the United States: A Scientific Statement From the American Heart Association*. Circulation, 2025.

4. Wu, J.H.Y., et al., *Testing the Feasibility and Dietary Impact of a "Produce Prescription" Program for Adults with Undermanaged Type 2 Diabetes and Food Insecurity in Australia*. J Nutr, 2022. **152**(11): p. 2409-2418.

5. Law, K.K., et al., *Stakeholder Perspectives on the Acceptability, Design, and Integration of Produce Prescriptions for People with Type 2 Diabetes in Australia: A Formative Study*. International Journal of Environmental Research and Public Health, 2024. **21**(10).

6. Glover, K., et al., *Produce prescription to improve health among adults with type 2 diabetes in Australia: Protocol for a randomised controlled trial*. Contemp Clin Trials, 2025. **153**: p. 107915.

7. Law, K.K., et al., *Protocol for a randomized controlled trial of medically tailored meals compared to usual care among individuals with type 2 diabetes in Australia*. Contemp Clin Trials, 2023. **132**: p. 107307.

8. The George Institute for Global Health. *Produce Prescription: Improving diet and health outcomes of pregnant women with, or at increased risk of, gestational diabetes and with food insecurity in Australia*. 2025 [cited 2025 29 September]; Available from: https://www.georgeinstitute.org/our-research/research-projects/produce-prescription-improving-diet-and-health-outcomes-of-pregnant-women-with-or-at-increased-risk.

9. Australian Bureau of Statistics. *Dietary behaviour*. 2022 [cited 2023 18 May]; Available from: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/dietary-behaviour/latest-release.

10. Myers, G., et al., *A process and outcome evaluation of an in-class vegetable promotion program*. Appetite, 2018. **125**: p. 182-189.

11. Brooker, P.G., et al., *Consolidating the evidence on the effectiveness of strategies to promote vegetable intake in priority settings: An overview of systematic reviews*. Journal of Human Nutrition and Dietetics, 2025. **38**(1): p. e13398.

12. Ismail, M.R., J.A. Seabrook, and J.A. Gilliland, *Process evaluation of fruit and vegetables distribution interventions in school-based settings: A systematic review*. Prev Med Rep, 2021. **21**: p. 101281.

13. Wilson, A., et al., *Resetting the Narrative in Australian Aboriginal and Torres Strait Islander Nutrition Research*. Current Developments in Nutrition, 2020. **4**(5).

14. UNSW Sydney. *Yuwaya Ngarra-li Partnership*. 2025 [cited 2025 12 September]; Available from: https://www.unsw.edu.au/walgett-partnership.

15. Dunning, A., et al., *Food and Water for Life: Strengthening community-led initiatives 2019-2024*. 2025: Sydney.

16. Crowther, J. and J. Webster. *How much salt is OK in drinking water? Without limits, Australia's health gap widens in remote and regional areas*. 2025 [cited

2025 12 September]; Available from: https://theconversation.com/how-much-salt-is-ok-in-drinking-water-without-limits-australias-health-gap-widens-in-remote-and-regional-areas-260496.

17. Dharriwaa Elders Group. *Food & Water 4 Life Community Garden*. [cited 2025 12 September]; Available from: https://www.dharriwaaeldersgroup.org.au/index.php/yuwayangarrali/food-water-4-life/community-garden.

18. Dharriwaa Elders Group and Walgett Aboriginal Medical Service, *Inquiry into food prices and food security in remote Indigenous communities: A submission to the House of Representatives Standing Committee on Indigenous Affairs from Dharriwaa Elders Group and Walgett Aboriginal Medical Service*. 2020.

19. Miller-Dawkins, M., W. Spencer, and R. McCausland, *Yuwaya Ngarra-li Briefing Paper: Processes to enable community-led, systemic and collaborative change*. 2024.

20. The Lowitja Institute, *We nurture our culture for our future, and our culture nurtures us. A report for the Close the Gap Committee*. 2020.

21. Australian Government, *National Preventive Health Strategy 2021–2030*, Department of Health and Aged Care, Editor. 2021, Commonwealth of Australia: Canberra.

22. Australian Government, *National Obesity Strategy 2022-2032*. 2022: Canberra.

23. Coyle, D.H., et al., *Socio-economic difference in purchases of ultra-processed foods in Australia: an analysis of a nationally representative household grocery purchasing panel*. Int J Behav Nutr Phys Act, 2022. **19**(1): p. 148.

24. Maganja, D., et al., *Healthiness of food products promoted through placement strategies in Australian online supermarkets: a cross-sectional study*. BMC Med, 2024. **22**(1): p. 341.

25. Productivity Commission, *Growth mindset: how to boost Australia's productivity. 5 productivity inquiries*. 2025, Australian Government: Canberra.

26. Benton, T.G. and R. Bailey, *The paradox of productivity: agricultural productivity promotes food system inefficiency*. Global Sustainability, 2019. **2**: p. e6.

27. Richardson, K., et al., *Earth beyond six of nine planetary boundaries*. Sci Adv, 2023. **9**(37): p. eadh2458.

28. McKay, F.H., B.C. Haines, and M. Dunn, *Measuring and Understanding Food Insecurity in Australia: A Systematic Review*. Int J Environ Res Public Health, 2019. **16**(3).

29. Menon, K., et al., *Productivity Benefits of Preventing Type 2 Diabetes in Australia: A 10-Year Analysis*. Diabetes Care, 2021. **44**(3): p. 715-721.

30. Productivity Commission, *Impacts of Health Recommendations, Shifting the Dial: 5 year Productivity Review*. 2017, Australian Government: Canberra.

31. Australian Institute of Health and Welfare. *Health expenditure*. 2024 [cited 2025 29 September]; Available from: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure.

32. Collie, A. and L. Sheehan, *The burden of working time lost to compensable occupational injury and disease in Australia, 2012-17: a retrospective population-based study*. Med J Aust, 2024. **220**(11): p. 573-578.

33. Department of Climate Change, Energy, the Environment and Water, *Australia's Circular Economy Framework*. 2024, Australian Government: Canberra.

34.   World Health Organization, *Action framework for developing and implementing public food procurement and service policies for a healthy diet*. 2021, World Health Organization: Geneva.

35.   Kleve, S., K. Kent, and R. Lindberg. *Two minutes is all it takes: measuring food security in Australia*. 2024 [cited 2025 16 September]; Available from: https://thepolicymaker.appi.org.au/two-minutes-is-all-it-takes-measuring-food-security-in-australia/