



Discussion Paper:
Work and Income (NZ)
Disability Allowance (for food)
– opportunities to improve
access.

Vicki Robinson, Public Health Dietitian
Regional Public Health
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Executive summary

This discussion paper provides an opportunity to raise understanding about access to the Work and Income Disability Allowance (for food) for those eligible. Low income is a determinant of food security, food choice and health. Identifying ways to improve access to Work and Income benefits (for food) would support Regional Public Health's role to improve health outcomes for vulnerable populations.

Families facing additional costs to meet special dietary needs, such as those associated with diabetes, can potentially experience further financial stress and food insecurity. This can, in part, be offset through the Work and Income Disability Allowance, which is available to low income families. Improving access is a means of supporting maternal and infant nutrition and the governments national health priorities for better prevention and management of diabetes.

Background literature, personal communication with health advocates and health professionals and a small survey of dietitians based in the Wellington region in 2010 were used to explore barriers and issues surrounding access to the Disability Allowance for clients with special dietary needs.

Better access to health professionals; workforce development; clear definitions of foods and costs claimed; and better consistency in processes and resources were identified as potential ways to improve access to the Disability Allowance for food. A number of questions have arisen from this work and if addressed could support ways better access at a local and national level..

Stakeholders including Work and Income, Diabetes New Zealand, Diabetes Youth New Zealand, Dietitians New Zealand and health advocate groups will be invited to provide feedback to the discussion questions outlined in this document (page 16). This will support ways to improve access to the Disability Allowance for low income families.

Overview

Purpose of this Discussion Paper

To gain an understanding of:

1. Current issues and barriers in applying for the Disability Allowance for low income groups with special dietary needs.
2. Potential 'opportunities' to improve access to the Disability Allowance for low income groups with special dietary needs.

Background

Purpose of the Work and Income Disability Allowance

The Work and Income Disability Allowance [1] is a potential additional source of income that can be accessed by families on low incomes to help meet food costs for different medical conditions (Appendix 1). This allowance is an income tested, non-taxable form of on-going additional financial assistance available to clients who have on-going additional costs resulting from a disability which is likely to continue for at least six months. Access to the Work and Income Disability Allowance for food¹ for those with diabetes is the particular focus of this discussion paper.

Barriers to accessing benefit entitlements

Barriers to accessing available Work and Income benefits have been raised locally in reports by the Downtown Community Ministry [2, 3] and within the Wellington 'Access to Health and Income Network'². In 2009, this network identified that the lack of knowledge and awareness of available Work and Income benefits by health professionals was a significant issue that needed addressing. Regional Public Health has in the past offered a Benefit Rights Training programme on behalf of this network, for those working in health and disability sectors to support clients to access their correct financial entitlements.

Implications of poor access to the Disability Allowance

The Disability Allowance can be used to access extra money for food to meet special dietary needs necessary for the management of a number of medical conditions, for example, lactose free milk for lactose intolerance or *Optifast* (a liquid meal replacement) for weight loss. This paper looks specifically at accessing the Disability Allowance for the dietary needs of those with diabetes, mainly Type 2 which is highly prevalent in low income and Māori and Pacific communities [4]. However this also

¹ The term 'Disability Allowance' in this document is used to refer to 'Disability Allowance (for food)'

² Members include a range of social services and government agencies to work on ways to address barriers to income in the Wellington region in recognition of income as a determinant of health.

has relevance for pregnant women with gestational diabetes (a risk factor for Type 2 diabetes) and for those with Type 1 diabetes. People who are eligible but are not accessing the Disability Allowance for special foods to manage their diabetes, may experience poorer nutritional and health outcomes. Finding ways to improve access to healthy food supports the governments interest in improving maternal and infant nutrition as a means of obesity prevention [5, 6] and the national targets for better prevention and management of diabetes [7].

Achieving good nutrition and health

Appropriate and adequate food is important for maintaining and improving health [8] and health equity [9] and is central to good blood glucose control and diabetes management. For those with gestational diabetes, optimal nutrition is even more critical for the well being of both the mother and the developing baby and its future health [10]. Good nutrition also has the potential to support an individual's capacity to engage in the workforce, access the associated benefits of work and, in turn, benefit employers by reduced absenteeism and increased productivity [11, 12].

Māori and Pacific populations experience disproportionate levels of financial hardship with many families receiving low income either via Work and Income benefits or earning on or near the minimum wage [13]. High rates of food insecurity³ in these populations reflects this financial hardship and is linked to poor food choice, micronutrient deficiency and higher rates of chronic diseases such as obesity and diabetes [4, 14-17].

Most local and international evidence finds that healthier food is more expensive than less healthy alternatives [18-23]. Due to these higher costs [15, 22, 24] greater financial hardship can be experienced to meet dietary recommendations for healthy eating [8] and diabetes [25, 26]. Differences in recommendations for healthy eating and diabetes are outlined in Appendix 2. Having sufficient income to purchase appropriate food has the potential to empower people to manage their chronic conditions and achieve good health.

Scope of this discussion paper

This discussion paper aims to raise awareness of the issues and barriers in accessing the Disability Allowance, especially for food requirements for the management of diabetes. Finding solutions to improve access for those eligible could support better nutrition and health outcomes. While this review does not identify issues in accessing allowances available for other medical conditions, such as coeliac disease, there may be some overlap. These would need to be examined separately.

³ Food insecurity is an internationally recognised term which has been defined as the “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways”.

Methods

Data was collected from four main sources to gain an understanding of the issues and barriers to accessing the Disability Allowance (for food):

1. A review of 'Full and correct benefit entitlements' in the 2009 ENHANCE study (Enhancing Food Security and Physical Activity for Māori, Pacific and Low Income People) [16].
2. An analysis of Ministry of Social Development policies on accessing the Disability Allowance in combination with discussions with Work and Income to gain additional background on the required processes and procedures for applications for the Disability Allowance.
3. Stakeholders interviews and some of their research to shed light on their experiences in accessing the Disability Allowance for clients including:

Three health advocates:

- Benefit Rights Advocate from the Wellington People's Centre
- Public Health Nurse working at Work and Income, Porirua
- Community Health Worker based in a Hutt Valley Primary Health Organisation

Five health organisations:

- Diabetes New Zealand
 - Christchurch Diabetes Centre
 - South Auckland Diabetes project
 - Te Korowai Hauora O Hauraki (Iwi provider)
 - Dietitians New Zealand (including both the Diabetes and Public Health Special Interest Groups)
4. An electronic survey (Appendix 2) of eight dietitians who had previously supported applications for the Disability Allowance for clients.

These dietitians worked for the Capital and Coast or Hutt Valley District Health Boards or within Primary Health Organisations within the greater Wellington region. Questions explored the application processes, frequency of use, medical conditions, success rates and suggestions on how to improve the application process for clients.

Results

Data collected from these key sources highlight ongoing barriers to accessing the Disability Allowance for those on low incomes with special dietary needs. These are outlined below and clearly show that people eligible for these allowances differ in their ease of access to them.

Current policies surrounding the Disability Allowance

New Zealand citizens or permanent residents who normally live in New Zealand can make applications for the Work and Income Disability Allowance. Applications can also be made on behalf of children who are 18 years or younger if they are financially dependant. The Work and Income Disability Allowance can be paid to cover the additional costs of special foods that a person needs because of a disability which is likely to continue for a minimum of at least six months (such as those required for diabetes or heart disease) [1].

Additional food costs

Claims can be made to Work and Income for the additional costs of food or food supplements a persons needs because of their disability [27]. The cost of special foods can be included if they are:

- beyond most people's everyday needs, or
- higher than usual food costs (for example, the use of artificial sugars for people with diabetes), or
- part of a diet supervised by a registered dietitian.

The Disability Allowance cannot be paid for foods which are subsidised or provided through other health means; the extra costs of a self-imposed diet or lifestyle choice; or for the normal costs of healthy eating (for example, fresh vegetables and fruit).

Work and Income also states that each application needs to be assessed on its own merit due to the difficulty in quantifying additional food costs.

Financial criteria for the Disability Allowance

Assuming that there is an established need, those on a benefit will usually qualify for a Disability Allowance. For those not on a benefit, or receiving New Zealand Superannuation or the Veteran's Pension, the total household income needs to be below the limits outlined in Table 1.

Table 1: Disability Allowance income limits at 1 April 2012 [28]

Family circumstances	Gross weekly income limit
Single 16 - 17 years	\$506.01
Single 18+ years	\$585.67
Married, civil union or de facto couple (with or without children)	\$866.91
Sole parent 1 child	\$705.72
Sole parent 2+ children	\$743.53

Verification of extra costs

A registered health practitioner such as a medical practitioner or a dietitian must verify that the food costs are additional, ongoing, and of therapeutic value (i.e. can improve or maintain the person’s condition or prevent it from getting worse) and are directly related to the person’s disability or condition [27].

The Work and Income client must provide:

- A Disability Allowance certificate completed and signed by a registered health practitioner or a dietitian; and
- Proof of the extra costs.

The diet or special food must be confirmed as not being funded, subsidised or provided by health authorities.

Work and Income states the need to verify additional food costs by providing the expected or average consumption of each food item to determine the cost difference (Table 2).

Table 2: Sample of recommended verification of additional food expenditure

Product	Average use	Regular alternative	Price difference per unit	Additional expenses per year	Additional expenses per week
Mixed grain bread	2 loaves each week	White bread	\$3.40	\$353.60	\$6.80

The client must provide receipts as evidence of their extra costs. If a receipt is not available, a quote or estimate of the costs must be provided and must be completed by an appropriate provider of such goods. The maximum weekly allowance available at April 2012 was \$60.17 [28]. This allowance is available to cover all potential additional expenses and therefore food costs need to be considered and prioritised alongside other expenses such as medications.

Prior research

Ensuring full and correct Work and Income benefits is a potential way to improve a household's food security. The 2009 ENHANCE study [16] highlights concerns that many beneficiaries do not receive their full and correct benefit entitlements (including core and additional entitlements they are eligible for) and that there are ethnic and regional differences in accessing them.

Results of the 2011/2012 New Zealand Health Survey [29] identify that diabetes is experienced in around 5.5% of the adult population. Much higher rates are experienced by people over the age of 65 years (10%) and by Māori (7%) and Pacific (10%). The rates are also much higher for those living in the most deprived (8.6%) compared to the least deprived communities (2.7%). Despite this between June 2010-2011 only 560 people in Wellington region received the Disability Allowance where food costs were included [30]. The number of people receiving this allowance appears to be much lower than those actually eligible to apply.

Local and national experiences of health professionals and health advocates reinforce these findings of inequity in access to benefits such as the Disability Allowance. Iwi health workers raised concern about access to this allowance at the 2010 Agencies for Nutrition (ANA) conference [31]. Dietitians surveyed also talked about problems their clients encounter when accessing the Disability Allowance and the need to develop relationships with budgeting agencies and Work and Income to improve and support clients' access to them.

Key issues and concerns

Several predominant themes emerged from the literature and survey about barriers to accessing the Disability Allowance. These included the variable access to health

professionals, their lack of knowledge of these allowances, lack of adequate resourcing to support applications and lack of clarity around which foods and costs can be claimed.

Access to health professionals

Evidence suggests that access to health professionals is variable and can impact client access to the Disability Allowance. The growing incidence of type 2 diabetes has created a need for a wider range of health professionals to provide basic nutrition advice within primary care settings. The dietitians and diabetes nurse educators roles surrounds more complex cases and Type 1 diabetes.

Surveys and interviews undertaken in this research identified that some individuals on low income less readily access health services and expert nutrition advice which can impact access to the Disability Allowance. Economic issues and distance to services were spoken about as barriers to access. Benefit Rights advocates talked about the need to lobby for some individuals to have access to dietitians, and the difficulties in supporting claims when their clients did not have access to a dietitian.

Understanding the purpose of the allowance

As has been found with other health professional groups [32], dietitians exhibited variable and often limited understanding and knowledge around the purpose, client need, and processes for application for the Disability Allowance.

While dietitians are a key source of nutrition education, those surveyed actually made infrequent applications for the Disability Allowance for their clients. Variable knowledge was exhibited around the access criteria and the need for such an allowance. The difficulties in being fully informed about a person's need for financial support and the lack of ability to target the allowance for 'healthy food' were concerns raised. These concerns are likely to reflect those of other health professionals and impact access to this allowance for those on low incomes.

Differing processes and resources for applications

A lack of clarity around application processes appears to contribute to the variability in the practice encountered. This contributed to health professionals identifying 'time' as a barrier to supporting applications.

Dietitians were unclear who should take responsibility for supporting these applications. While some took full responsibility, others referred applications on to other health professionals. Value was recognised in the sharing of responsibility across a range of health professionals; for example, general practitioner, consultant, social worker or practice nurse who have a good understanding of the client's income and background.

Resources such as letters and costings were shared in some health centres but other health professionals needed to take responsibility for developing their own. The lack of a standardised approach was evidenced by the varying sources of documentation

and cost justifications that were used by Dietitians (Table 3). One group of health advocates resorted to the use of outdated financial evidence that had been obtained from another centre to support their applications. It was not clear what resources were used by other health professionals. Some health professionals commented that notification of the success or failure of applications would be of value.

Verification of additional food costs

Work and Income provide criteria around what additional food and food supplement costs can be claimed [27] and how assessment of these costs should be undertaken. Variable interpretation was evident of both the criteria, 'beyond most people's everyday needs' and 'higher than usual or normal food costs', and the methods of cost assessments. Foods cannot be claimed if they subsidised or provided through other health means; are the extra costs of a self-imposed diet or lifestyle choice; or for the normal costs of healthy eating (for example, fresh vegetables and fruit). A clear definition of which foods constitute being 'beyond most people's everyday needs' and 'higher than usual or normal food costs' are currently not available. To support fair and consistent approaches, engaging health professionals and evidence based guidelines to set standards may be valuable.

Work and Income recommend verification of individual food costs by the supply of both the extra food needs and price differences based on average consumption (Table 2). While this approach was used in some instances, more generalised methods and even no supporting financial data was evidenced. The varying methods resulted in differential claims from \$3 - \$26 per week (Table 3) being made for people with very similar needs. These variations in food costs may reflect both differing individual needs and local food costs; however the large differences identified largely appear to reflect a lack of consistency in approach.

Additional foods costs were also calculated on:

- individual needs and local cost differences of regular versus special food needs (as recommended by Work and Income) e.g. standard margarine versus plant sterol margarines, sugar versus sugar replacements,
- more generic data used to verify higher costs compared with regular food choices,
- 'healthy eating' costs compared to the extra requirements specified by the Ministry of Health and New Zealand Guideline Group [25, 26].

Table 3: Examples of differing financial verification used to claim for extra food costs for those with diabetes and the resulting outcomes.

Financial Justifications	Outcomes: Extra costs per week
1. Individual needs and food cost differences for one week	Varies for each person
2. More generic usage and cost differences likely to be experienced weekly or yearly (2011)	\$ 24-26
3. Calculations based on another centre's old data (2005 figures)	\$20
4. Letter describes foods which will incur increased costs but makes no quantitative assessment	No amount specified
5. Extra food needs have been determined by a comparison of the New Zealand Food and Nutrition guidelines and those for cardio protective health, New Zealand Guideline Group (2007). Costings from the Otago University Food Cost Survey [22] are used to determine the extra food costs needed to meet these needs.	\$26 Adult male \$24 Adult female
6. Cost comparisons of three day meal plans (in the Ministry of Health Food and Nutrition Guideline for adults and older people with modifications derived from the New Zealand Guideline Group guidelines)	\$3.36
7. Recommendations are based on practical clinical experience	\$6.86

Proof of additional food costs

The need for individualised proof of additional food costs in the form of food docketts or receipts was raised as a barrier for clients to make claims. Health advocates were concerned about the extra 'stress' and difficulties this created for some clients who were already facing major life hurdles.

This assumes the patient has the money to buy appropriate foods in the first place and it is always difficult to separate out the needs of the patient from the other family needs. (Dietitian)

Working with Work and Income

Variation in Work and Income processing and practices were talked about as factors contributing to different outcomes for people with very similar needs. Variable practices were identified in:

- The requirements for the receipts including the variable length of time food docket requests are requested.
- Processing of claims from case manager to case manager, at local and national levels.

Inadequate money for additional food costs

Health professionals and other advocates clearly identified that the overarching issue for those on low incomes was one of a lack of money for families to access healthy food for their needs. Dietitians talked about the need to modify nutrition messages for those on low incomes due to their lack of economic means to buy not only specialised products such as artificial sweeteners or plant sterol margarines but also basic healthy foods. The potential health impacts of compromising food choices were also articulated.

I have had an ongoing conversation (three calls over three months) from a gentleman whose initial issue was that his food budget was so limited he could not feed himself everyday and as a consequence was having hypos (low blood sugars). He has provided this letter to Work and Income and still had no positive response. The only advice I could give him yesterday was to seek support from a budgeting agency that can lobby on his behalf and also know all the options and entitlements available. (Dietitian)

Possible opportunities to improve access

Participants of an ENHANCE workshop [16] suggest the need for the Ministry of Social Development to strengthen policy by enhancing case management and research to ensure full and correct Work and Income benefits. Informants of this paper also suggested the need for:

- Easily accessed and navigated information for people needing allowances via web based fact sheets and an opportunity for questions and answers
- Better access to sound dietetic and budgeting services
- Workforce development around the need, criteria and processes for allowances applications
- Streamlining national and regional 'systems' to ensure an 'even playing field'
- Innovative ways to target money for healthy food such as a voucher system for healthy food or a universal sum for those with diabetes
- Development of a key stakeholder group to progress this work

This research raises a number of questions and reinforces the need to address ways to improve access to the Disability Allowance for those eligible as one means of addressing food insecurity.

Stakeholders such as Work and Income, Diabetes New Zealand and Dietitians New Zealand and other health professionals and advocates working with those with diabetes are encouraged to address the discussion questions on page 16 to find ways to overcome the barriers to accessing the Work and Income Disability Allowance.

Discussion questions

Instructions

Thank you for taking the time to consider and respond to each of the questions outlined at: <http://www.surveymonkey.com/s/VZ28FW3>.

This document and the discussion questions are also available at www.rph.org.nz, under Resources and Information Papers.

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Appendix 1: Dietitian questionnaire

Please provide feedback on your use of the Work and Income Disability Allowance for people with special dietary needs. Please REPLY to this email and then SEND (back to me).

- 1. What systems do you currently use to apply to Work and Income for additional funds for people on special diets e.g. standard letter?**

- 2. Please indicate the frequency (how often, numbers involved) that you /or your department support clients to apply to Work and Income for extra financial assistance for special diets?**

- 3. What kinds of diseases/diets do you/your department support client applications to access financial assistance for food from Work and Income?**

- 4. Please outline**
 - a. any other diets that you feel need financial assistance from Work and Income?**
 - b. any evidence that would support funding of this diet e.g. extra costs incurred.**

- 5. How successful are you/your clients at acquiring extra financial assistance from Work and Income to meet dietary needs?**

- 6. Please provide suggestions on how you see this process working more effectively for you and your clients?**

Appendix 2: Daily nutritional recommendations

Comparison of the minimum *daily* nutritional recommendation for healthy adults and those recommended in the management of Type 2 diabetes.

Food group	Food and Nutrition Guidelines for Healthy Adults 2003 [8]	Cardio Protective Dietary Guidelines 2012 [26]	Additional dietary requirements for people with diabetes
Vegetables	At least 3 servings vegetables	At least 3-4 servings	0-1 serving vegetables daily
Fruit	At least 2 servings	At least 3-4 servings	1-2 servings
Breads and cereals /starchy veges	At least 6 servings Try to choose wholegrain	At least 6 servings Include mostly moderate or low glycaemic index (GI) and high fibre foods and at least one low GI/high fibre at each meal	Moderate and low GI foods
Low fat milk and milk products or soy products	At least 2 servings	At least 2-3 servings Use 0-0.5% fat milk and < 1% yoghurt	1 servings
Fish, dried beans, lean meat, skinless poultry, eggs	At least one serving	1-1.5 lean meat/skinned poultry servings 2-3 servings fish weekly 2-4 servings dried peas, soy products weekly	2-3 servings fish weekly 2-4 servings dried peas, soy products weekly
Nuts and seeds		Eat regularly up to 30g raw	30g raw nuts
Oils	Use minimal added fat, especially saturated fat	Low fat alternatives made from sunflower, soy, olive, canola	
Salt	Use foods and prepared foods low in salt	Minimise added salt Choose bread <450mg/100g	
Sugar	Use foods and prepared foods low in sugar	Artificial sweeteners may be used for additional sweetness as a replacement for sugar	Artificial sweeteners