Nutritional professional attitudes to NOVA food classification system and terminology

R. Field[1], K. Rooney[1], A. Grech[2], A. Rangan[1] and T. Gill[2]

[1]*Faculty of Medicine and Health, The University of Sydney, Camperdown, New South Wales, Australia*
[2]*The Charles Perkins Centre, SoLES, The University of Sydney, Camperdown, New South Wales, Australia*

The current Australian Guide to Healthy Eating (AGHE) is based on whole foods, distinguishing between core and discretionary foods. Despite poor adherence to the AGHE, there has been limited exploration of the acceptability and appropriateness of alternative food classification systems that could be used for nutrition guidance in Australia. The NOVA system was developed in Brazil and is a four-group food classification system based on the 'nature, extent and purposes of industrial processing' (unprocessed/minimally processed food, processed culinary ingredients, processed food, and ultra-processed food)[1]. It is gaining recognition both as a nutrition guidance and research tool in different parts of the world, although it does have detractors. Currently the acceptance of the NOVA classification system among Australian Nutrition professionals is unknown. This study was carried out between June and December 2021 (n = 165) surveying Australian dietitians, nutrition professionals and academics to determine their awareness, understanding and preferences around the NOVA food classification system compared to the current Australian Dietary Guidelines. Respondents worked across a range of nutritional occupations and often in multiple roles (clinical dietitians 35%, community or public health dietitians 34%, academics 24%, nutritionists 14%, food service/industry 8%, students 4%). They were mostly female (93%), and nearly half (42%) had more than 15 years nutrition experience. Many of the 165 respondents reported a limited knowledge of the NOVA system (39%) and were not familiar enough with it to implement it clinically (36%). A strong understanding of the system was reported by 25%, with 36% of respondents stating they could classify foods based on the 4 NOVA categories, but only 6% using the NOVA system clinically. Those with knowledge of NOVA (n = 117) considered that it may be useful in one or more contexts including research (n = 73), clinical education (n = 41), population level guidance (n = 69), and nutrition policy (n = 76), however others felt that it was not useful in any of these applications (n = 22). There was limited knowledge on the evidence base for using the system, with 41% unfamiliar with any research. When comparing the value of NOVA to the AGHE there were mixed responses (unsure 30%, no value 5%, less value 16%, similar value 18%, more value 7%, other 6%); however, 18% stated the systems could not be compared. This is reflected in qualitative responses with some suggesting NOVA was not useful, but others suggesting a broad range of clinical applications and possible integration into future versions of the AGHE. Despite wide promotion, there remains some uncertainty about the value and use of the NOVA classification system among Australian nutrition professionals. This survey is being repeated to determine any change over the last 3 years.

References

1. Monteiro C, Cannon G, Levy R *et al*. (2019) *Public Health Nutr* **22**(5), 936–941.