

## Theme: Improving nutrition for Western Australian Children.

*Important note: The information set out below is a snapshot of the evidence to guide collaborative and cohesive discussions at the Obesity Advocacy Target Food Focus forum 2019. It is not intended to be a comprehensive and/or exhaustive review of the all the available evidence related to the topic.*

### Why are we worried?

- **80.8% of WA adults** agree that it would be easier for families to eat a healthier diet **if children were not exposed to unhealthy advertising.**<sup>i</sup>
- 96% of Western Australian mothers commence breastfeeding at birth, but there is a **'rapid decline'** in rates for each month after birth.<sup>ii</sup>
- The prevalence of children eating sufficient serves of **fruit and vegetable** has not changed between 2002 and 2014.<sup>iii</sup>

### Areas for consideration

#### Advertising

- In 2013, **99% of all food advertisements on broadcast TV** aimed at children were for unhealthy foods. Food companies spend hundreds of millions of dollars on marketing unhealthy foods to children.<sup>iv</sup>
- **80% of food advertisements** within 500 m of schools were for unhealthy foods.<sup>v</sup>
- **Over three-quarters of children aged 5-12** were able to match an unhealthy sponsor with the relevant sport, indicating the reach of unhealthy industries.<sup>vi</sup>
- There is sufficient evidence concerning link between unhealthy food marketing to children and obesity to warrant a WHO recommendation that regulatory measures be implemented.<sup>vii</sup>
- Evidence suggests that women tend to accept uncritically claims made by infant formula advertisements.<sup>viii</sup>

#### Food environment

- Compared to parents from medium- and high-SES backgrounds, parents from low SES backgrounds are more likely to perceive unhealthy food products as cheaper, tastier and more readily available.<sup>ix</sup>
- Most school canteens do not adhere to relevant State/Territory guidelines.<sup>x</sup>
- Childcare workers appear to have a poor understanding of what constitutes discretionary food and what constitutes core food.<sup>xi</sup>

#### Advocacy triggers

## Food insecurity

- Food insecurity in childhood can contribute to lifestyle-related chronic disease in adulthood.<sup>xii</sup>
- Research indicates that children from food-insecure households are less likely to consume core foods and more likely to consume discretionary food.<sup>xiii</sup>
- Food takes up a greater proportion of income among low-SES families than it does high-SES families.<sup>xiv</sup>
- Factors influencing access to food include social support, financial resources, transport to food outlets, distance to food outlets and mobility.<sup>xv</sup>

## What works?

- Parents of children who attended 'Start Right Eat Right' accredited day-care centres observed children eating more healthy food choices at home, compared to parents whose children attended non-SRER accredited facilities.<sup>xvi</sup>
- Potential areas for advocacy within school and education environments:
  - Monitoring and enforcing healthy menus in school canteens and childcare centres.
  - Support for teachers and other staff to implement health promotion strategies and activities.
  - Parent support and home activities that encourage children to be more active.
  - Including body image and healthy themes in school curricula.

## Gaps for consideration

- There is no State-wide childhood obesity or nutrition strategy.
- Interventions and programs directly related to improving childhood nutrition are scarce. For example, WA Healthy Schools Project is no longer operating.<sup>xvii</sup>
- Regular measuring of children's height and weight on an opt-out basis is not universally available in WA.<sup>xviii</sup>
- Compliance with, and awareness of, the Department of Health's 'School Healthy Food and Drink Policy' can be improved through more reporting mechanisms, incentives and support systems.<sup>xix</sup>

## Advocacy triggers

## References

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- <sup>i</sup> Miller, MR., and Miller, SA. (2017) [Nutrition Monitoring Survey Series 2015 Key Findings](#), Department of Health, Western Australia.
- <sup>ii</sup> Forde K. and Miller J. (2010) [2006-07 North Metropolitan Perth breastfeeding cohort study: how long are mothers breastfeeding?](#) *Breastfeeding Review*, 18, 14-24
- <sup>iii</sup> Tomlin, S., Radomiljac, A., and Kay, A. (2015) [Health and Wellbeing of Children in Western Australia 2014: Overview and Trends](#), Department of Health, Western Australia.
- <sup>iv</sup> Jolly, R. (2011). *Marketing Obesity? Junk food, advertising and kids*. Research paper no. 9 2010-2011, Parliamentary Library, Parliament of Australia.
- <sup>v</sup> World Health Organization Regional Office for Europe (2018), *Evaluating implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children: progress challenges and guidance for next steps in the WHO European Region*, available at <[http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/384015/food-marketing-kids-eng.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/384015/food-marketing-kids-eng.pdf)>
- <sup>vi</sup> Bestman, A., et al. (2015) [Children's implicit recall of junk food, alcohol and gambling sponsorship in Australian sport](#). *BMC Public Health*, 15, 1022.
- <sup>vii</sup> World Health Organization Regional Office for Europe (2018), *Evaluating implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children: progress challenges and guidance for next steps in the WHO European Region*, available at <[http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/384015/food-marketing-kids-eng.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/384015/food-marketing-kids-eng.pdf)>
- <sup>viii</sup> Berry, N., Jones, S., Iverson, D. (2010) It's all formula to me: women's understanding of toddler milk advertisements. *Breastfeeding Review*, 18, 21-30
- <sup>ix</sup> Peters, J., Parletta, N., Campbell, K., & Lynch, J. (2014). [Parental influences on the diets of 2- to 5-year-old children: Systematic review of qualitative research](#). *Journal of Early Childhood Research*, 12(1), 3–19. <https://doi.org/10.1177/1476718X13492940>
- <sup>x</sup> Woods, J., et al. (2014) [Australian school canteens: menu guidance adherence of avoidance?](#) *Health Promotion Journal of Australia*, 25(2), 110-115
- <sup>xi</sup> Wallace R, et al. [Over-provision of discretionary foods at childcare dilutes the nutritional quality of diets for children](#). *Australian and New Zealand Journal of Public Health*. 41(4), 447
- <sup>xii</sup> Ramsey, R., Giskes, K., Turrell, G., & Gallegos, D. (2011). [Food insecurity among Australian children: Potential determinants, health and developmental consequences](#). *Journal of Child Health Care*, 15(4), 401–416.
- <sup>xiii</sup> Ibid.
- <sup>xiv</sup> Godrich, S., Davies, C., Darby, J., Devine, A. (2017) [What are the determinants of food security among regional and remote Western Australian children?](#) *Australian and New Zealand Journal of Public Health*, 41(2)
- <sup>xv</sup> Ibid.
- <sup>xvi</sup> Tysoe, J., Wilson, C., (2010) [Influences of the Family and Childcare Food Environments on Preschoolers' Healthy Eating](#) *Australasian Journal of Early Childhood*, 35:3 pp 105-110.
- <sup>xvii</sup> Government of Western Australia, Department of Health *About the Western Australian Healthy Schools Project* Accessed from <[https://ww2.health.wa.gov.au/Articles/A\\_E/About-the-WA-Healthy-Schools-Project](https://ww2.health.wa.gov.au/Articles/A_E/About-the-WA-Healthy-Schools-Project)>
- <sup>xviii</sup> Sacks G, Robinson E for the Food-EPI Australia project team. [Policies for tackling obesity and creating healthier food environments: 2019 Progress update](#), *Western Australian Government*. Melbourne: Deakin University, 2019.
- <sup>xix</sup> Ibid.

### Advocacy triggers

Media Advocacy | Political Advocacy | Coalition Building | Consensus Statements | Research & Translation | Policy and Regulation | Systems Advocacy