

## Theme: Improving nutrition for all Aboriginal People in Western Australia.

*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?

- In WA, there is a 1.3x higher prevalence of obesity among Indigenous adults compared to non-Indigenous adults.<sup>i</sup>
- Only 8% of Indigenous Australians met Recommended Dietary Intake guideline for vegetables.<sup>ii</sup>
- Indigenous adults consume 50% more sugar than WHO recommendations.<sup>iii</sup>
- We don't know what we don't know: there is a large data gap relating to Western Australian Indigenous nutrition.
- Poor diets are estimated to contribute to 19% of the Indigenous health gap in Australia.<sup>iv</sup>
- Indigenous Australians experience a higher prevalence of morbidity and mortality from diet-related diseases (including obesity, cardiovascular disease and diabetes).<sup>v</sup>

### Areas for consideration

#### Rural and remote food security

- 25% of Australia's Indigenous people are located in very remote locations, and face food insecurity.<sup>vi</sup>
  - Aboriginal people in remote areas are more likely to run out of food than those in non-remote areas.
  - In 2010, the cost of a healthy living basket was 23.5% higher in remote Indigenous communities compared to the Perth metropolitan area.
  - High food prices, poor quality and limited availability are mainly due to transport inefficiencies and freight costs.<sup>vii</sup>

#### Income

- Due to lack of employment and adequate income, some Indigenous people do not have enough money to buy food. This is compounded by inappropriate expenditure on alcohol, tobacco, drugs and gambling.<sup>viii</sup>

#### Advocacy triggers

## **What works?**

- There is some evidence that educating Indigenous communities on nutrition can be an effective strategy, if combined with other strategies.<sup>ix</sup>
- Community involvement in program initiation, design and implementation can help to create more effective programs.<sup>x</sup>
- Can the community store serve as a health promoting environment?
  - Approximately 175 stores supply food in some of the 1187 discrete Indigenous communities in remote locations across Australia.<sup>xi</sup>
  - Indigenous people in remote communities can purchase up to 80-95% of their food at the local remote community store and takeaway store.<sup>xii</sup>
  - There is little understanding of health-promoting food pricing policies in remote stores.<sup>xiii</sup>

## **Gaps for consideration**

- The presence of public health nutritionists can help strengthen community stores' ability to improve supply of and demand for healthy food. However, there is a poor workforce capacity.<sup>xiv</sup>
- There is a lack of evidence on: improving the participation of Indigenous people in the development and delivery of initiatives; which interventions are effective; capacity building projects.
- There is little data that speaks to the complex of Indigenous nutrition: many historical, socio-economic, environmental and geographical factors combine to contribute to poor diets.

## **Advocacy triggers**

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

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### **Advocacy triggers**

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

## 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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### Advocacy triggers

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

## Theme: Promoting fruit and vegetable consumption for all Western Australians.

*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?

- Only 11.5% of Western Australians eat enough vegetables on a daily basis.<sup>i</sup>
- Just over 50% of Western Australians eat enough fruit.<sup>ii</sup>
- Only in 1 in 20 Australians meet the guidelines for both fruit and vegetable consumption.
- People who eat 2 or fewer serves of vegetables perceive that that they eat “enough”.<sup>iii</sup>
- Many WA adults are not aware of ADG recommended minimum vegetable intake.<sup>iv</sup>

### Areas for consideration

#### Rural and remote Western Australians

- Food cost is higher in very remote areas compared to the Perth metropolitan area: a healthy food access basket cost 5.3% more in very remote areas between 2010 and 2013.<sup>v</sup>
  - The price of the WA Healthy Food basket was higher when ‘own brands’ were excluded. Grocery stores with ‘own brands’ are mostly situated in urban/rural areas, thus increasing further the cost of food in remote communities.
- Grocery store location is associated with population density in WA.<sup>vi</sup>
- Rural and remote areas are reliant on freight for food.<sup>vii</sup>
- Fruit and vegetable quality tends to be lower in remote communities.<sup>viii</sup>

#### Income

- Welfare recipients need to spend a greater proportion of their income on food compared to those on an average income.<sup>ix</sup>

#### Advertising

- The majority of recorded advertisements in Australia are for foods classified as ‘occasional foods’ – there were low levels of advertising for fruit and vegetables.<sup>x</sup>

#### Advocacy triggers

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

## What works?

- Increasing range of vegetable types (fresh, frozen, tinned, dried) in regional and remote WA Could help increase fruit and vegetable consumption in these area.<sup>xi</sup>
- Pricing policies combined with other regulations may improve diets for at-risk populations.<sup>xii</sup>
- One US study found that in states *with* a fruit and vegetable marketing campaign, fruit and vegetable consumption remained stable or increased. In comparison, there was a significant decrease in consumption in States without a fruit and vegetable marketing campaign.<sup>xiii</sup>
- After improving availability and promotion of fruit and vegetable at community sporting clubs, the members were more likely to purchase fruit and vegetables.<sup>xiv</sup>
- Community gardens can contribute to food security and food literacy in vulnerable populations.<sup>xv</sup>
- Environmental and policy interventions may be the most effective strategies at creating population-wide improvements in eating.
- Interventions with potential include:
  - Bolstering local food supply chains to reduce reliance on freight.<sup>xvi</sup>
  - Town planning practices: enabling multiple food retail options in rural/regional towns to enable families to source vegetables from a variety of stores.<sup>xvii</sup>

## What's missing?

### Information

- A 2018 study found that there were gaps in knowledge of product, price, placement and promotion of food in consumer nutrition environments. The study recommends, inter alia:
  - Collecting data on food outlet types that have yet to be studied: convenience stores, service stations and green grocers.
  - Obtaining more information on the impact of pricing policies.
  - Developing consistent tools to evaluate retail-setting based interventions.<sup>xviii</sup>

### Policy

- Food Policy Index notes that WA has made “some action” in the following areas:
  - It has implemented *some* policies to restrict the promotion of unhealthy food and beverages in settings controlled or managed by the Western Australian government.
  - Establishing a whole-of-government healthy food procurement and provision policy.
  - Prioritising healthy food environments in planning policies.
  - Supporting healthy food environments at community level.<sup>xix</sup>

## Advocacy triggers

[Media Advocacy](#) | [Political Advocacy](#) | [Coalition Building](#) | [Consensus Statements](#) | [Research & Translation](#) | [Policy and Regulation](#) | [Systems Advocacy](#)

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### Advocacy triggers

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

## Theme: Improving food labelling and food literacy for all Western Australians.

*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?

- Less than 50% of Western Australian adults can name more than 1 health problem associated with poor diet.<sup>i</sup>
- As the need for convenience foods has increased, there has been a population-wide reduction in food literacy.<sup>ii</sup>
- Sources where Western Australians obtain food information: Internet (32.3%); TV programmes (16%); peers or family (15%); magazine articles (15%); TV advertisements (14%); nutrition labels (6%).<sup>iii</sup>
- Low food literacy may contribute to consumption of highly-processed foods.<sup>iv</sup>

### Areas for consideration

#### Food labelling at restaurants

- Please note the Health Star rating system (currently under review), is a Federal policy and is therefore beyond the scope of both this brief and the Forum.
- Use of energy intake information in fast-food and chain-restaurant settings is clearly associated with lower calorie purchases. Special attention should be focused on educating consumers on how to interpret and use nutrition information.<sup>v</sup>
- Food label use and sufficient levels of health literacy predict better dietary quality.<sup>vi</sup>
- In general, traffic light labels are the most frequent categories of labelling used when making food purchasing decisions, including at restaurants.<sup>vii</sup>

#### Vulnerable populations

- Literacy level has a significant effect on a consumers' ability to process and understand the Nutrition Facts panel.
  - Regardless of format, the Nutrition Facts panel was better understood by consumers at higher levels of general literacy.<sup>viii</sup>
  - Consumers with lower levels of literacy appear to benefit from graphic presentations more than respondents with higher levels of literacy.<sup>ix</sup>
- Among the participants of a food literacy program, poorer food literacy behaviours (i.e. planning, management, selection, preparation and cooking) were associated with food insecurity at enrolment. Improving food literacy in food insecure participants could help them coping with this constraint.<sup>x</sup>

#### Advocacy triggers

- Among the participants of a food literacy program, there was no association between food literacy level and socioeconomic status. The participants with the lowest food literacy score had low self-rated cooking skills, poorer dietary behaviours and considered healthy foods as expensive.<sup>xi</sup>

## What works?

### The NSW Menu Labelling Scheme

- 2011 legislation requires chain and fast-food restaurants to display nutrition information at point-of-sale, paired with an informative website and campaign
- 2013 evaluation found a 15% decrease in kilojoules purchased at point-of-sale.<sup>xii</sup>

### Measures to improve food literacy

- There is some evidence that developing adequate cooking skills in adolescence can have long term benefits a decade later, but it is inconclusive.<sup>xiii</sup>
- Consumers with lower levels of literacy appear to benefit from graphic presentations more than those with higher levels of literacy.<sup>xiv</sup>

### Food literacy programmes

- In the Western Australian context, the Food sensations for Adults (FSA) program has demonstrated improvement in:
  - Food literacy behaviours, including in participants who were considered low in food literacy behaviours at enrolment;
  - Self-reported fruit and vegetable intake, fast food meal frequency and sugar-sweetened beverages frequency.<sup>xv</sup>

## What's missing?

### Gaps in knowledge:

- Across the globe, there is a lack of rigour in the way we measure food literacy.<sup>xvi</sup>
- There is little information about the effectiveness of food literacy interventions that impact populations at a state-wide and local-government level.
- There is a general lack of information on measures to improve food literacy for vulnerable populations.

### Gaps in policy:

- South Australia, Victoria, Queensland, Australian Capital Territory and NSW all have mandatory menu labelling schemes.
- The Food Policy Index described advocacy towards food labelling in WA as 'not strong'.<sup>xvii</sup>

## Advocacy triggers

## References

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### Advocacy triggers

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

## Theme: Removing fast food sponsorship from all sport in Western Australia.

*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?

- Millions of people are exposed to advertisements for unhealthy foods.
  - Of food and beverage sponsors for junior sport development programs in Australia, **91% were classed as unhealthy.**<sup>i</sup>
  - **Over three-quarters of children aged 5-12** were able to **match an unhealthy sponsor with the relevant sport.**<sup>ii</sup>
- Sponsorship of peak sporting organisations in WA is widespread: it consists of a relatively high proportion of alcohol manufacturers and food companies.
- **50% of Western Australian adults** think that it is inappropriate to promote unhealthy foods at community events.<sup>iii</sup>

### Areas for Consideration

#### Regulation

- There is **no regulation** of sponsorship as a form of advertisement.
  - Sport sponsorship is not classified as a form of advertising under any broadcast codes of practice.
  - Current industry codes of practice are voluntary and self-regulatory.

#### The impact on children

- Children are particularly susceptible to sports sponsorship as a form of marketing:
  - 68% of children surveyed could recall sponsors of their sports clubs, and perceived these sponsors to be “cool”.<sup>iv</sup>
    - Many children had received a voucher or certificate from a food (86%) or beverage (76%) company to reward sports performance.
    - Around one third of children reported liking companies more after receiving these rewards.<sup>v</sup>
  - Boys were 65% more likely to choose an unhealthy food if it featured a sports celebrity endorsement.<sup>vi</sup>

#### Advocacy triggers

## What is being done in this space?

### In WA

- Healthway has a focus on increasing healthy sport sponsorship through:
  - Health promotion sponsorship grants.
    - Organisations who receive sponsorship must adhere to minimum requirements, including but not limited to: provision of healthy food and drink options; provision of free drinking water; alcohol and/or unhealthy food/drink must not be provided as prizes or awards<sup>vii</sup>
  - Healthy Sporting Club Program to support WA clubs to provide healthier menus at club-run canteens and kiosks.
- The Department of Local Government, Sport and Cultural Industries has a Targeted Participation Program:
  - Provides funding for organisations to promote participation and active engagement of low-participation Western Australian communities in sport and active recreation. <sup>viii</sup>

### Examples from interstate

- 2007 VicHealth “Water in Sport” initiative<sup>ix</sup>
  - \$500,000 in funding for nine local councils to promote healthy drink options at sporting venues.
  - Targeting areas with high rates of obesity and sugary drink consumption.

## Gaps for Consideration

- How effective are the above initiatives? There is little in the way of evaluation.
- There are no rigorous studies evaluating the effectiveness of policy interventions organised through sporting organisations to increase healthy behaviours, attitudes, knowledge or the inclusion of health-oriented policies.<sup>x</sup>
- There is a gap in evidence relating to the sports setting as a food and health-promotion environment.
- There is little evidence relating to sports sponsorship using public health messaging, and its impact on consumer behaviour.
- There is little population-level evidence regarding the impact of fast food sponsorship in sport.

### Advocacy triggers

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

## References

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## Advocacy triggers

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