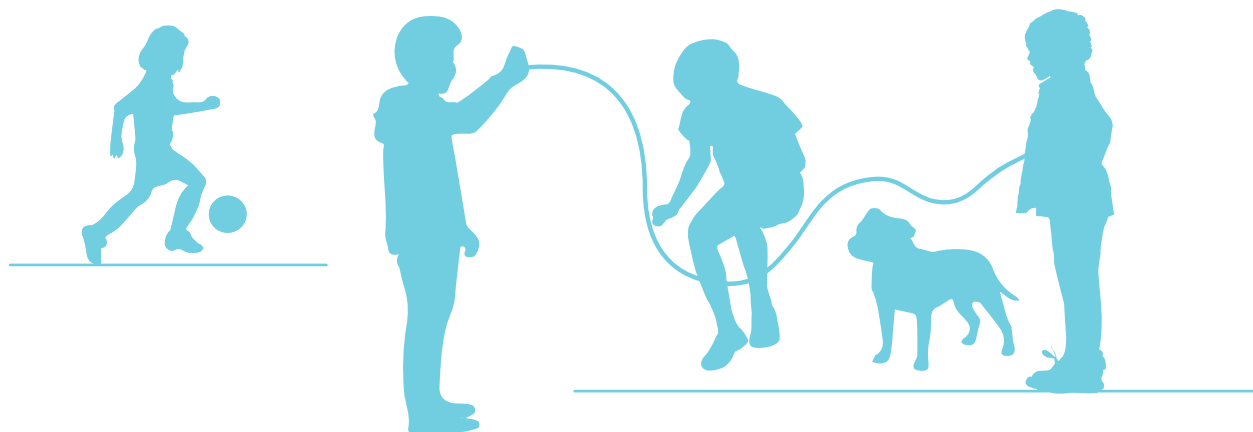


A Healthier Start for Victorians

A consensus statement on obesity prevention



Developed by the Healthy Eating and Active Living Roundtable (July 2019)



Executive summary

Over the past two decades, Victorian adult obesity rates have increased by 40 per cent¹ and today two-thirds of adults are overweight or obese.¹ Almost one in four Victorian children are overweight or obese.²

The combined impact of poor diet and being overweight or obese is one of Victoria's greatest health challenges.³ Overweight and obesity, unhealthy diets and physical inactivity are avoidable risk factors for chronic health conditions such as heart disease, type 2 diabetes and several cancers.^{4,5}

There is an urgent need for obesity prevention to become a more prominent health priority in Victoria as child and adult rates continue to rise.⁶

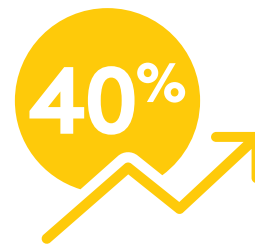
***A Healthier Start for Victorians* includes eight practical recommendations to the Victorian Government to turn the tide on obesity. These recommendations focus on children and young people to give them the best chance for a healthier start to life.**

Recommendations should be supported by an overarching Victorian obesity prevention plan that is overseen by a ministerial taskforce. This will ensure a whole-of-government approach to addressing obesity prevention as a Victorian health priority.

A Healthier Start for Victorians has been developed by the Healthy Eating and Active Living (HEAL) Roundtable and is supported by a broad base of health and wellbeing organisations.



Almost 1 in 4
(23 per cent)
Victorian children
are **overweight
or obese.**²



Over the past two decades,
**adult obesity rates have
increased by 40 per cent**
and today two-thirds are
overweight or obese.¹

Recommended actions to prevent obesity in Victoria

1. Engage and support local communities to develop and lead their own healthy eating and physical activity initiatives

These should be community-based and focus on local areas or population groups with the highest rates of overweight and obesity.

2. Protect children from unhealthy food and drink marketing

This includes prohibiting advertising, promotion and sponsorship in publicly owned and managed places.* Priority should be given to areas around schools, children's sporting events and activities, and public transport.

3. Implement a statewide public education campaign to encourage healthy eating

This should focus on population groups with the highest rates of overweight and obesity.

4. Implement initiatives to improve family diets, particularly in children's early years

These should focus on increasing food literacy† and prioritising specific population groups including Aboriginal and Torres Strait Islander people.

5. Support schools to increase students' physical activity and physical literacy‡

This should take a whole-of-school approach, be reflected in the curriculum, and be supported by training and professional development.

6. Increase the scope of and strengthen compliance with the *School Canteens and Other School Food Services Policy*

This should take a whole-of-school approach, be reflected in the curriculum, and be backed by a monitoring framework.

7. Develop and mandate a whole-of-government healthy food procurement policy

This should incorporate the *Healthy Choices* guidelines and apply to all publicly owned and managed facilities and settings.

8. Develop and implement a strategy to get Victorians walking more

This should emphasise the need for walking infrastructure and urban design to make it safer and easier for people to walk to local destinations like shops, public transport and schools.

* This includes facilities and settings that fall under state and local government jurisdiction such as public hospitals, schools, sporting facilities, aged care facilities, healthcare services, public transport and childcare services.

† 'Food literacy' is defined as the knowledge, skills and behaviours needed to navigate the everyday practicalities associated with food intake, including decision-making and purchasing of foods, preparation, hygiene, cooking, food sustainability and food waste disposal.⁶

‡ 'Physical literacy' is the skills, knowledge and behaviours that give people (children in this case) the confidence and motivation to move throughout their lives. It includes physical skills and fitness; attitudes and emotions that motivate people to be active; knowledge and understanding of how, why and when you move; and the social skills to be active with others.⁷

The HEAL Roundtable

The Healthy Eating and Active Living (HEAL) Roundtable developed *A Healthier Start for Victorians* under the auspices of the Victorian Health Promotion Foundation (VicHealth) in 2018-19.



Key Supporters of the Statement



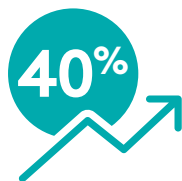
Contents

Overweight and obesity prevalence and related behaviours	6
Current policy context	7
Accelerating action in Victoria: A Victorian obesity prevention plan	8
Recommendations and evidence base	9
RECOMMENDATION 1	9
Engage and support local communities to develop and lead their own healthy eating and physical activity initiatives	
RECOMMENDATION 2	11
Protect children from unhealthy food and drink marketing	
RECOMMENDATION 3	13
Implement a statewide public education campaign to encourage healthy eating	
RECOMMENDATION 4	15
Implement initiatives to improve family diets, particularly in children’s early years	
RECOMMENDATION 5	18
Support schools to increase students’ physical activity and physical literacy	
RECOMMENDATION 6	21
Increase the scope of and strengthen compliance with the <i>School Canteens and Other School Food Services Policy</i>	
RECOMMENDATION 7	23
Develop and mandate a whole-of-government healthy food procurement policy	
RECOMMENDATION 8	25
Develop and implement a strategy to get Victorians walking more	
References	28

Overweight and obesity prevalence and related behaviours

Many chronic health conditions are related to avoidable risks of overweight and obesity, unhealthy diets and physical inactivity. These include heart disease, stroke, type 2 diabetes and several forms of cancer, which represent the major causes of death and disability among Australians.^{4,5}

Over the past two decades adult obesity has increased by about 40 per cent in Victoria.¹ In 2017–18, two-thirds of Victorian adults and almost one in four children aged two to 17 years were overweight or obese.² Data from community projects in regional Victoria, such as from the WHOSTOPS project (see page 10), indicate childhood overweight and obesity rates could be much higher in some areas, and with some demographic groups.^{8,9}



Excessive consumption of unhealthy food and drinks is a key factor fuelling the growing burden of obesity and associated avoidable chronic diseases and premature death.¹⁰ Victorian children consume almost 40 per cent of their total energy intake from discretionary foods¹¹ (i.e. those foods and drinks that are not considered part of a healthy diet such as sugary drinks, highly processed snack foods, sweet biscuits and confectionery¹²).

Very few Victorian children or adults meet the *Australian Dietary Guidelines'* recommendations for fruit and vegetable consumption. Only 5 per cent of Victorian adults and 6.5 per cent of Victorian children meet both the recommended serves of fruit and of vegetables.²

Physical inactivity contributes to the increasing rates of obesity in Victoria. Australian data shows that approximately 45 per cent of adults, 71 per cent of children aged 5–11 years and 92 per cent of young people aged 12–17 years do not meet the recommended guidelines for physical activity.⁴

Some Victorians experience greater barriers to healthy eating that can result in avoidable differences in overweight and obesity and related health outcomes.¹³ Some population groups have limited access to healthy and affordable food.^{14,15} Around one in 20 Victorians (4.6 per cent) live in households experiencing food insecurity, which increases to one in six for Aboriginal and Torres Strait Islander Victorians (18.5 per cent).¹⁶ The coexistence of food insecurity and obesity is well founded, with both conditions stemming from economic and social disadvantage.¹⁷

Fruit and vegetable consumption tends to be lower among people with lower levels of education, employment and income than the Victorian average. The same is true for people from culturally and linguistically diverse backgrounds and those living in areas of social and economic disadvantage.¹⁸ Consumption of sugar-sweetened beverages is higher among men and women who did not complete high school and those on lower incomes.¹⁹

Inequities also exist in relation to the level of physical activity.²⁰ From early adulthood onwards, Australians with lower levels of education, lower incomes or living in socioeconomically disadvantaged neighbourhoods are less likely to participate in physical activity and more likely to live sedentary lifestyles than people with higher levels of education and those living in more socioeconomically advantaged neighbourhoods.²¹

Environmental factors, such as the built environment, cost and availability of food and food marketing practices, are important determinants of dietary choices and levels of physical activity. The term 'obesogenic environment' has been used to describe the modern environment that we live in which inhibits physical activity levels and presents barriers to healthy eating, and therefore contributes to overweight and obesity.²²

Current policy context

The Victorian Government plays an important role in promoting and protecting the health and wellbeing of Victorians. The *Public Health and Wellbeing Act 2008* (Vic) and the *Food Act 1984* (Vic) provide the policy and regulatory framework for action on healthy eating and active living in Victoria.

Current Victorian Government action on chronic diseases is driven through the implementation of the *Victorian Public Health and Wellbeing Plan 2015–2019*. The plan identifies 'healthier eating and active living' as priorities for improving the health and wellbeing of Victorians. It includes targets for a decrease in the prevalence of overweight and obesity among children and adults by five per cent by 2025, and an increase in the prevalence of sufficient physical activity among adolescents and adults by 20 per cent and 10 per cent respectively by 2025.¹

The development of the next Victorian Public Health and Wellbeing Plan presents an opportunity to continue successful activities from the current plan and to commit to the initiatives recommended in this consensus statement.

A recent update to the plan recognises that the burden of chronic diseases – including diabetes, heart disease, cancer and stroke – is expected to continue to grow. According to the update, the greatest challenge facing many Victorians is 'the excessive availability, promotion and intake of discretionary foods and drinks that have little or no nutritional value'.²³ The development of the next *Victorian Public Health and Wellbeing Plan* presents an opportunity to continue successful activities from the current plan and to commit to the initiatives recommended in this consensus statement.

Additional cause for action is the increased focus on obesity prevention at the national level. In October 2018, the Council of Australian Governments (COAG) Health Council agreed to develop a national strategy on obesity with a strong focus on primary and secondary prevention, social determinants of health, early childhood, and rural and regional areas.²⁴ In 2018, the Senate Select Committee into the Obesity Epidemic in Australia released 22 recommendations for action on obesity, which are consistent with the recommendations included in this consensus statement.²⁵

Accelerating action in Victoria: A Victorian obesity prevention plan

The HEAL Roundtable acknowledges the efforts and ongoing interventions of the Victorian Government and relevant partners. Recommendations in this consensus statement aim to build on this work, and accelerate new actions to prevent obesity and help achieve the targets defined in the *Victorian Health and Wellbeing Plan*.

A Healthier Start for Victorians outlines eight recommendations for inclusion in a new Victorian obesity prevention plan. The plan should:

- be a coherent, interdepartmental and obesity-specific plan that summarises the necessary collective efforts, required resources and infrastructure
- be overseen by a ministerial taskforce to ensure a whole-of-government approach to address obesity prevention
- include rigorous evaluation and monitoring of this Victorian health priority
- establish relevant governance structures to manage the development and implementation of regulations, policies and programs that fall within state jurisdiction to prevent obesity
- establish mechanisms to coordinate stakeholder engagement, including non-government organisations and general practitioners who can play a key role in obesity prevention
- establish clear mechanisms for the management of conflicts of interest
- follow the recommended guiding principles for implementation (see Box 1).

Box 1. Guiding principles for implementing a Victorian obesity prevention plan

Action to prevent overweight and obesity requires:

- government commitment and leadership including funding and oversight
- a whole-of-society approach – collective effort and community empowerment to achieve health and wellbeing outcomes at the population level
- accountability and transparency
- adequate resourcing to ensure implementation
- an approach that considers action across a person's entire lifespan
- an equity focus including targeted actions for people
 - who have lower incomes or levels of education
 - are unemployed
 - live in rural or regional Victoria
 - have a disability
 - come from a culturally or linguistically diverse background
 - are Aboriginal and/or Torres Strait Islander
- research, monitoring and feedback to ensure constant improvement of efforts.

Engage and support local communities to develop and lead their own healthy eating and physical activity initiatives



- The Victorian Government should resource community-led healthy eating and physical activity initiatives.
- These should engage people to develop a shared understanding of the drivers of obesity in their community and identify programs and actions to address these.
- Initiatives should be community-based and focus on local areas or population groups with the highest need.

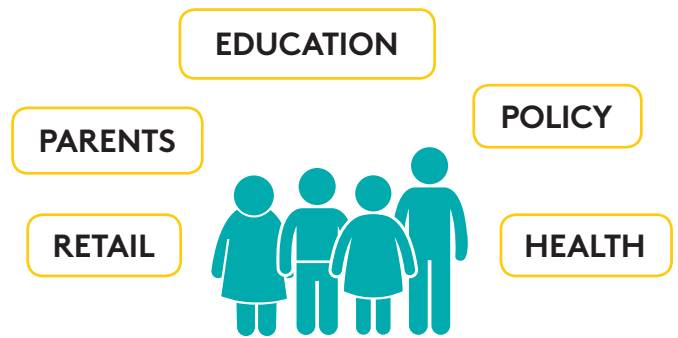
Context

While setting-based approaches have shown some success in obesity prevention, focusing on single settings rather than the environmental and social determinants of obesity does not generally lead to sustained outcomes. Community-wide obesity interventions that apply efforts across multiple community sectors and settings have been more effective.²⁶

Victoria has a strong history of community-based trials focused on drivers of and strategies to address childhood obesity.

A community-based approach has shown reductions in obesity, as measured by body mass index (BMI), in children under five years old²⁷ and adolescents²⁸ in multiple Australian communities. Victoria has a strong history of community-based trials, where the intention is to build the capacity of community leaders and influencers to understand the drivers of childhood obesity, and to develop and implement the most effective strategies to create healthier environments. This approach has led to reduced obesity and related behaviours in intervention communities.²⁷ It also shows that childhood obesity can be prevented by involving community leaders such as policymakers, educators, healthcare (including GPs), retail association leaders and parents in the intervention design and delivery.^{29,30}

There are existing statewide programs that can be leveraged and adopted locally to support the implementation of community-based approaches, such as the Achievement Program (see page 22) and the Healthy Eating Advisory Service (see page 23).



Childhood obesity can be prevented by **involving community leaders and parents** in intervention design and delivery.

EXAMPLE

Romp & Chomp was an early example of a successful whole-of-community, multi-setting, multi-strategy childhood obesity intervention that ran in Geelong from 2004 to 2008. It was developed by key local organisations (healthcare, government, education, childcare) in partnership with researchers at Deakin’s Global Obesity Centre (GLOBE). The program ran in early childhood settings including day care, kindergartens and childcare. Evaluation data showed positive shifts including reduced rates of overweight and obesity, reduced intake of discretionary

foods and increased intake of fruit, vegetables and water, and less screen time.^{27,31}

More recently, this has evolved to a process which actively helps community leaders to understand the existing system of causal factors that contribute to obesity in their local community, understand the evidence on prevention, and define, prioritise and implement obesity prevention efforts. The GLOBE process results in multiple interventions across multiple layers of society, such as changes to municipal health plans, institutional bans on

soft drink, changes in school environments and peer support for parents and children. One example is the **WHOSTOPS project** where all enrolled communities undertake their own obesity interventions.³² Two of these community groups, SeaChange (Portland) and Genr8Change (Hamilton) have involved more than 300 community members and driven over 400 actions across a range of areas, including council food policy, sugar-sweetened beverage bans and active transport strategies.

Protect children from unhealthy food and drink marketing



- **The Victorian Government should ban unhealthy food and drink advertising, promotion and sponsorship in publicly owned and managed places.**
- **This should be undertaken in a phased approach, starting in areas frequented by children under 16 years, including areas near schools, at children's sporting events and activities, and on public transport.**

Context

A large body of evidence supports the link between the marketing of unhealthy food and drinks and childhood obesity.³³⁻³⁵ Most advertisements that are directed towards children are for unhealthy foods high in sugar, saturated fat and/or salt.³⁴

Children and young people are exposed to a large amount of food and drink marketing on various platforms.³⁴ The food industry targets children by displaying marketing material in environments that children frequent. More than 50 per cent of secondary students in Australia reported seeing an offer for unhealthy food on public transport in the past month and one-third had received a free sample at a supermarket, shopping centre or on public transport.³⁶

Children are particularly vulnerable to the power of marketing because they are less able to critically assess information.³⁷ Research demonstrates that children aged four to five years can recognise advertising cues, but cannot understand the intent of advertisements until the age of 12.³⁸ Marketing unhealthy food and drink options influences



Most advertisements that are directed towards children are for **unhealthy foods high in sugar, saturated fat and/or salt.**

children's food knowledge, preferences, requests for and consumption of these items.³⁹ Children exposed to greater amounts of unhealthy food marketing exert greater 'pester power' and ask their parents for these products more often.⁴⁰

The World Health Organization (WHO) recommends reducing children's exposure to the marketing of unhealthy food and drinks as a necessary action to reduce the rates of obesity. Legislation, regulation and effective enforcement to restrict unhealthy food and drink marketing are recommended.¹¹ A review of interventions in Australia has concluded that the restriction of unhealthy food marketing on television would provide a cost-effective public health approach to reduce childhood obesity rates.⁴¹

AUSTRALIAN SECONDARY STUDENTS' EXPOSURE TO JUNK FOOD



More than 50 per cent of secondary students in Australia reported seeing **an offer for junk food on public transport** in the past month, and one third had received a **free sample at a supermarket**, shopping centre or on public transport.



EXAMPLES

Similar actions have been implemented by the Victorian Government to reduce the amount of alcohol marketing that children are exposed to near schools and when using public transport. In mid-2018, legislation was introduced to

prohibit any form of alcohol advertising within 150 metres of the perimeter of a school, and contractual changes were negotiated to remove alcohol advertising on public transport infrastructure.⁴²

The Queensland Government has committed to phasing out unhealthy food and alcohol advertising near schools, on public transport stops and hubs, and sporting grounds.⁴³

Implement a statewide public education campaign to encourage healthy eating



- The Victorian Government should implement a long-term public education campaign to encourage healthy eating, which translates the advice in the Australian Dietary Guidelines and draws on the successful elements of other campaigns.
- The campaign should be designed to reach and resonate with population groups at greatest risk of overweight and obesity, including Victorian Aboriginal and Torres Strait Islander people and those with lower socioeconomic status.
- The campaign should be evaluated in a timely manner.

Context

Public education campaigns can reach a large audience and help disseminate important public health messages to educate and influence behaviour change.^{44,45} The World Health Organization recommends public education campaigns as an effective means of disseminating messages about prevention of obesity at a population level.⁴⁴

A review of Australian public education and mass media campaigns by the University of Sydney's Prevention Research Collaboration made nine recommendations to inform the design, implementation and evaluation of campaigns

Public education campaigns are effective in disseminating messages about obesity prevention.

that address healthy weight, nutrition and physical activity in Australia. These include recommendations for campaigns to be part of integrated system-wide approaches and linked to broader strategies, to be underpinned by logic models, to have robust evaluation and to be sustained over several years in order to achieve population impact.⁴⁶

It is important to acknowledge that campaign messages do not always reach some population groups at greatest risk of chronic disease hence the importance of specifically targeting these at-risk groups.

VicHealth is currently undertaking research to evaluate value-based messages to promote health, specifically with regards to healthy eating. The outcomes of this work can inform the way messages are framed for healthy eating.

COST-EFFECTIVENESS OF THE
LIVELIGHTER CAMPAIGN IN VICTORIA (2015)



\$1 INVESTMENT =

\$5.22

savings in
health-related costs



EXAMPLES

The Victorian **LiveLighter** sugary drink campaign ran for six weeks in October 2015, with results showing a decline in the proportion of Victorians consuming four or more cups of sugary drinks per week from 31 per cent to 22 per cent.^{47a} Awareness of the campaign was similar across all socioeconomic groups. It was also found to be highly cost-effective, with an economic analysis finding that for every \$1 invested in the campaign, \$5.22 of health-related costs would be saved.^{47b}

Rethink Sugary Drink and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) partnered to highlight the significant health problems associated with sugary drink consumption and to encourage Victorian Aboriginal and Torres Strait Islander people to reduce their intake. The **Aboriginal Rethink Sugary Drinks** campaign was a community led and culturally appropriate campaign that featured members of the Victorian Aboriginal community. It was launched online in 2015 and an associated advertisement

was broadcast on National Indigenous Television (NITV) then across regional Victoria on the WIN Television network in 2016 and 2017. The advertisement was developed in Victoria and featured members of the Victorian Aboriginal community; it stressed how much sugar is loaded into sugary drinks and the health risks associated with regular consumption. Evaluation found that 60 per cent of Aboriginal and Torres Strait Islander adults who had seen the advertisement reported cutting down on sugary drinks.⁴⁸

Implement initiatives to improve family diets, particularly in children's early years



- **The Victorian Government should implement initiatives that increase food literacy levels in families with a focus on improving diets for children aged 0–4 years.**
- **Priority should be given to specific population groups including Aboriginal and Torres Strait Islander people, those with lower levels of education and lower socioeconomic status.**

Context

'Food literacy' is defined as the knowledge, skills and behaviours needed to navigate the everyday practicalities associated with food intake, including decision-making and purchasing of foods, preparation, hygiene, cooking, food sustainability and food waste disposal (see Figure 1).⁷ Increasing food literacy can improve dietary choices. For example, increased food preparation and cooking skills are associated with healthier food choices in children and adolescents.⁴⁹

However, poor understanding of food and nutrition information and low levels of food literacy may contribute to unhealthy eating choices.⁵⁰ Lower levels of food literacy is more common in certain disadvantaged groups and is linked with poorer outcomes. Research has shown that confidence and skills in cooking healthy foods is lower in those groups with lower levels of education and household incomes.⁵¹ The same is true for males and younger adults.⁵² A study with women showed that lower education was associated with lower levels of nutrition knowledge and less priority given to health when choosing foods, contributing to lower intake of fruit and vegetables.⁵³

Figure 1: Definition of food literacy



The World Health Organization emphasises the first years of life as critical for establishing nutrition behaviours that reduce the risk of developing obesity.¹¹ Maternal nutrition, breastfeeding, introduction to solids and childhood nutrition can have a lifelong impact on health, weight and chronic disease risks.⁵⁴ There has been recent recognition of the critical importance of the first 1,000 days (the period between conception and a child’s second birthday) for health, wellbeing and development.⁵⁵ Interventions during this period offer a unique window of opportunity to invest in healthier futures for Victorians.

There is a strong rationale for prioritising specific population groups, including Aboriginal and Torres Strait Islander people. A needs assessment

conducted with Victorian Aboriginal parents of young children aged 0-8 years and health and early years practitioners identified a need for culturally appropriate information around a range of key nutrition issues in early years. These included breastfeeding, early feeding practices, reliance on bottles, overconsumption of sugary drinks and discretionary foods.⁵⁶

There are good examples in Victoria of programs that support food literacy, including the Stephanie Alexander Kitchen Garden Program which engages schools and early childhood centres, their families and communities. However there is a need to implement more initiatives that improve food literacy with families focusing on the critical window of children’s early years, from 0-4 years of age.

There are existing services and programs in Victoria that can be enhanced to support early childhood nutrition and food literacy in families. The Victorian Maternal and Child Health Program is a free service for all Victorian families to support care of babies and young children. Opportunities exist to strengthen the support for early-childhood nutrition and food literacy in families through this program. In addition, initiatives such as staff training and more MCH nurses employed within Aboriginal health services can support Aboriginal and Torres Strait Islander families to access maternal and child health services which can support food literacy.⁵⁴

GPs offer a universal health service that is widely used by Victorian families. Given the right resources, Victorian GPs present a key opportunity to reach and engage parents and their children in initiatives to improve family diets.

Early childhood education and care are key settings to improve food literacy both in children and their families. Educators can be supported with professional development to incorporate components of food literacy, such as growing, cooking, waste and sustainability, into the program of activities. Healthy eating policies for food provided by centres and families can provide support for knowledge and skills development.



EXAMPLES

The **Infant Feeding Activity and Nutrition (Infant) Program**, led by Deakin University's Institute for Physical Activity and Nutrition (IPAN), focused on improving nutrition in the first 1000 days, with the intervention delivered through family-focused health services.^{57,58} Statewide implementation of the program is currently being planned, including effectiveness and cost-effectiveness evaluation. This 'at scale' implementation will engage multiple community, local government and state-level stakeholders, with a focus on embedding the program into routine practice.

IPAN's **ShopSmart 4 Health** study investigated the effects and costs of a behaviour-change intervention to get women who are experiencing social and economic disadvantage to buy and consume more fruit and vegetables. The program covered a broad range of evidence-based activities including menu/meal planning, budgeting, food selection, nutrition information, label reading, navigating the supermarket, food preparation and cooking, adapting recipes to improve nutrition, and engaging children and partners in healthy eating.⁵⁹

Second Bite's **FoodMate** nutrition education program was an eight-week nutrition program that aimed to build community capacity in food skills and nutrition by developing food independence in individuals from disadvantaged groups in the community. FoodMate participants received hampers of fresh nutritious food weekly, along with information about budgeting, food safety, food storage, healthy eating, access to nutritious foods locally and shopping tips. Participants also received vital links to local community support. An evaluation in 2016–17 found that FoodMate was well received by participants and was associated with long-term positive impacts on participants' food-related attitudes and behaviours.⁶⁰

Support schools to increase students' physical activity and physical literacy



- **The Victorian Government should support schools to take a whole-of-school approach to increase student's physical activity and physical literacy.**
- **This should be done in partnership with staff, families and community organisations.**
- **Priority should be given to:**
 - **mandating delivery of high quality physical education lessons and active curriculum***
 - **training and professional development for teachers.**

Context

Almost three out of four primary school-aged children (5–11 years) are not getting adequate physical activity as per Australian guidelines.⁴ A New South Wales study has shown school-aged children and young people to have generally low levels of fundamental movement skills required for popular sport and leisure activities throughout life (e.g. the ability to run, throw, catch, kick and jump).⁶¹

A focus on quality physical education and sport in schools can enhance students' enjoyment of and participation in physical activity.⁶² It also enhances student engagement and academic performance,^{63–65} increases self-esteem,⁶⁶ improves mental health⁶⁷ and helps to create a positive learning environment.⁶⁸ Providing opportunities for children to be active throughout the day (including



Almost **three out of four** primary school-aged children are not getting adequate physical activity.

* Active curriculum refers to the inclusion of physical activity when teaching core subjects, such as mathematics and science. An example would be practising times tables while throwing a ball between students in the group. Active curriculum is in addition to physical education.

during class lessons), as well as providing active school environments, are also important for increasing energy expenditure, improving classroom behaviours and academic outcomes.⁶⁹

Play opportunities, an active curriculum, physical education, and organised sport participation help children to become 'physically literate'.⁷⁰ 'Physical literacy' is the skills, knowledge and behaviours that give people (children in this case) the confidence and motivation to move throughout their lives. It covers four domains: physical, psychological, social and cognitive (see Figure 2).⁷

Within these domains, 32 elements have been identified focusing on skills and fitness (physical domain); confidence and the motivation to be active (psychological); knowledge and understanding of how, why and when you move (cognitive); and collaboration with others (social) (see Figure 3).⁷¹ While all elements are important, it is important to note that the physical domain does have the most elements and many of these involve key movement skills.⁷²

It is important to consider how the many elements of physical literacy might be addressed in the school context. The *Victorian Department of Education and Training 2018–2022 Strategic Plan* includes the ambition that 'more students will

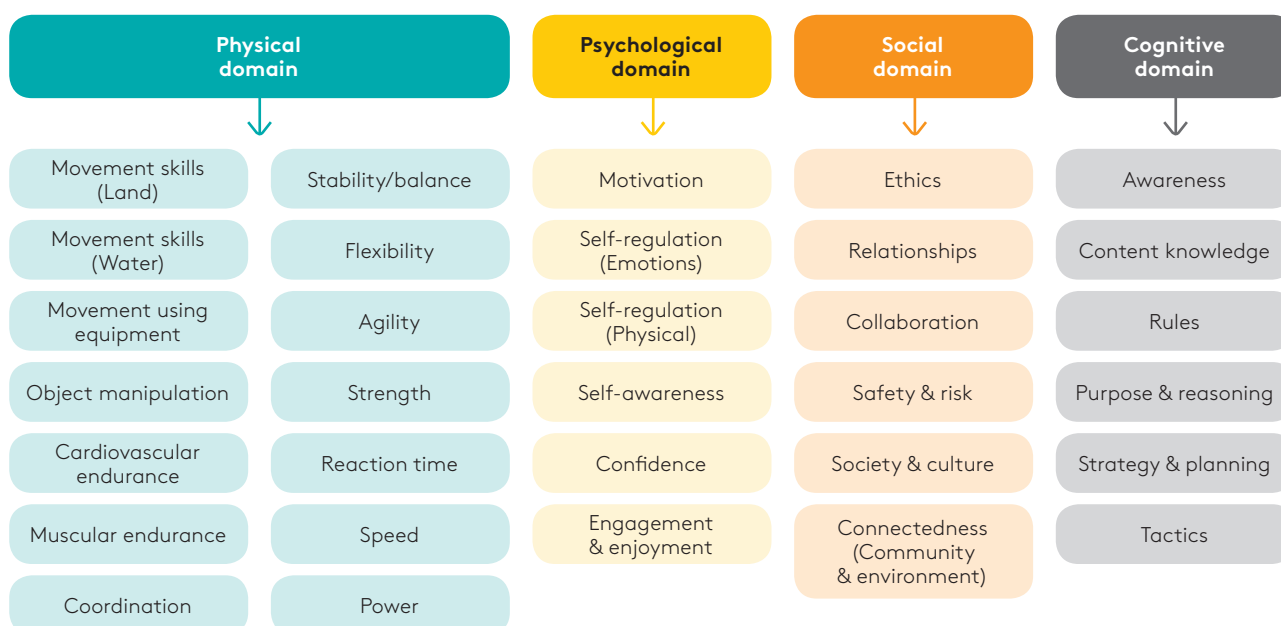
Figure 2.
Four Domains of Physical Literacy



be physically active' with the target that the proportion of students doing physical activity five times a week will increase by 20 per cent by 2025.⁷³ Victorian government schools are required to meet mandated time requirements for physical education for students in Prep to Year 10.⁷⁴ However, there are many specific challenges to increasing levels of physical activity in the school environment, including balancing the focus on students' academic performance and a lack of qualified physical education teachers.⁷⁵

To ensure the teaching of physical education is high quality and focused on physical literacy and movement, training and professional development for teachers is required. One aspect important to consider is how to support teachers in assessment of children's physical literacy skills.

Figure 3. The 32 physical literacy elements



Schools can implement a number of initiatives to increase students' physical activity and physical literacy, such as:

- ensuring teachers are resourced to deliver active classrooms, quality physical education and assessment of children
- ensuring the provision of enjoyable and challenging playspaces, and active classroom and school environments
- strengthening school policies that support active play during breaks (e.g. not allowing screens during recess and lunch)
- creating greater awareness among parents and children of the importance of physical literacy including a focus on this in the school environment and curriculum
- encouraging active transport for children to and from school
- establishing partnerships with sport and recreation clubs or local councils to increase the awareness of local opportunities to be physically active outside of school; including via programs such as the national Sporting Schools program.



EXAMPLES

Focus on an active classroom with active homework

Deakin University IPAN's **Transform-Us!** uses innovative strategies within the classroom, school and home settings to get students moving more and sitting less. It is designed to be delivered by all primary classroom teachers and does not focus on sport or physical education, instead incorporating movement into everyday class lessons. It is a simple and easy program that can improve children's classroom behaviours, academic outcomes, physical activity and health.⁷⁶

Focus on child development of movement skills

Active for Life is a Canadian not-for-profit social initiative created to help parents give their children the right start in life through the development of physical literacy. It provides online tools so parents can find fun and engaging ways of making sure their children get the recommended daily amount of physical activity. Activities for toddlers are aimed at the development of fundamental movement skills, while activities for children build on the fundamentals to establish more complex sport skills.⁷⁷ **KIDDO** in Western Australia has a focus on improving movement skills in 3–8-year-olds.

KIDDO provides information, practical resources and skills for parents, teachers and early-learning educators.⁷⁸

Focus on teacher assessment of movement skills

Guidance on suitable measures of assessment is available.⁷⁹ *The Fundamental Movement Skills Assessment Tool* offered through Canada's Active for Life focuses on skilling teachers to assess movement in a quick feasible way and how to integrate this into their teaching curriculum.⁷⁷ A recent Victorian intervention achieved significant improvements in children's movement skills⁸⁰ and perceptions of competence after training teachers in the assessment of movement skills.^{81–83} Teachers were trained to use the Canadian assessment of movement skills.⁸⁴

Focus on active travel to and from school and parent engagement

Programs that encourage engagement between a school, parents and the community, such as active travel initiatives like VicHealth's **Walk to School** program, have been shown to have positive outcomes on children's physical activity levels.⁸⁵

RECOMMENDATION 6

Increase the scope of and strengthen compliance with the *School Canteens and Other School Food Services Policy*

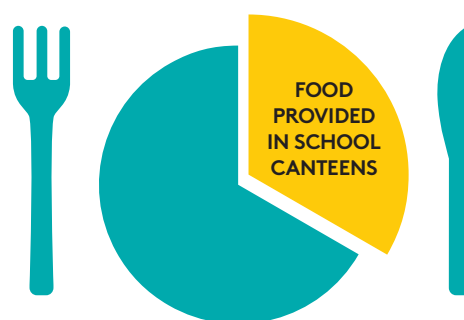


- The Victorian Government should ensure there is increased compliance with the Victorian School Canteens and Other School Food Policy, supported by a monitoring framework to measure and ensure compliance.
- The scope of the policy should include a whole-of-school approach and a focus on increasing food literacy, including within the curriculum.

Context

Given that children spend a large proportion of their time at school, it is an important setting in which to promote healthy eating. When consumed daily, the food provided in school canteens can contribute a third of a student's kilojoule intake, which can significantly influence their health and nutrition.⁸⁶ However, the promotion of healthy eating in schools should extend beyond what is offered in the canteen, to a whole-of-school approach that engages parents, students, teachers and the school community. To support healthy eating, the World Health Organization encourages schools to take a 'health promoting schools' approach, by providing a healthy environment and fostering health and learning. They are encouraged to use all the measures at their disposal, including curriculum, teaching

A STUDENT'S KILOJOULE INTAKE



When consumed daily, the food in school canteens contribute **a third of a student's kilojoule intake.**

and learning, school organisation, ethos and environment, as well as community links and partnerships.⁸⁷ This focus is likely to have a positive impact on food choices of all children, including those experiencing greater barriers to health.⁸⁸

Interventions that focus on improving food literacy in school settings can encourage children to make environmentally sustainable healthy food choices. Food preparation and cooking activities at school can increase knowledge about healthy foods and positively influence food choices. However, research suggests that the school food environment often does not comprehensively support food literacy.⁸⁹

The *Victorian School Canteens and Other School Food Services Policy* (known as the *Healthy Canteen Kit*) is a requirement for all Victorian



WA has the **strictest guidelines** for school canteens.

government schools.⁸⁶ Its implementation is strongly recommended in independent and Catholic schools, but currently this is not enforced and is at the discretion of individual schools.

The policy can be strengthened and supported through the delivery of initiatives that support food literacy, including through the curriculum.



EXAMPLES

Western Australia enforces its **Healthy Food and Drink Policy** and ensures schools are compliant with canteen guidelines. WA has the strictest guidelines and uses a traffic light system.* The guidelines stipulate that school canteens must provide more than 60 per cent green foods, less than 40 per cent amber foods and no red foods. School principals are required to complete annual evaluations of their school canteen's compliance, and compliance is monitored by the WA Department of Education.⁹⁰

The **Victorian Achievement Program** is based on the World Health Organization model for health promoting schools and workplaces. The Program works with Victorian schools, as well as workplaces and early childhood services, and sets benchmarks for achieving the status of a healthy place. Resources and support are provided to settings to reach the benchmarks. In schools, the Achievement Program uses a whole-of-school approach that includes staff, students, families and the wider community.⁹³ Tasmania and WA have implemented

accreditation systems: the **ScarCAP2** accreditation system in WA,⁹¹ and the Tasmanian **school canteen accreditation program**.⁹²

The British Nutrition Foundation has developed a **framework for teaching food knowledge and skills in schools** which includes age-appropriate competencies and messages for children and young people aged 5–16 years.⁹⁴ Western Australia is implementing a similar program, **Refresh.ED**. Professional development for teachers and curriculum and assessment materials are provided through the program.⁹⁵

* The traffic light system is a way to classify food and drinks according to their nutritional content. 'Green' foods are the healthiest choices and should always be available, 'amber' foods should be eaten in moderation and chosen carefully, and 'red' foods are not essential and should rarely be eaten and only in small amounts.

Develop and mandate a whole-of-government healthy food procurement policy



- The Victorian Government should develop and mandate a whole-of-government food procurement policy, which requires all settings that fall under state jurisdiction to implement the *Healthy Choices* guidelines.
- The Victorian Government should ensure ongoing resourcing of existing support mechanisms such as the Healthy Eating Advisory Service.

Context

'Procurement' is the purchasing of products and services and is a key mechanism for organisations to manage costs, provide savings and find efficiencies. Governments purchase an extensive range of products and services within existing rules and guidelines about their procurement.

The Victorian Government is responsible for food purchasing for a wide range of publicly owned and managed settings, including schools, childcare, prisons, aged-care facilities, healthcare services, food relief agencies, delivered meals, and catering in local and state government departments. This provides a significant opportunity for government to use its buying power to source and promote healthy foods, which can lead to improvements in health. There is also potential for the buying power of the Victorian Government to increase the affordability of healthy food options.

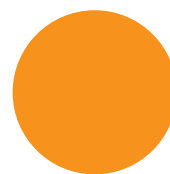


There is significant opportunity for government to use its buying power to **source and promote healthy foods.**

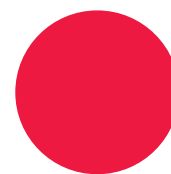
Existing support mechanisms can be utilised to implement a whole-of-government healthy food procurement process. The Victorian Government *Healthy Choices* guidelines outline the provision and promotion of healthy food and drink offerings in specific settings, including hospitals, health services, sport and recreation centres, parks and workplaces.⁹⁶ The Victorian Healthy Eating Advisory Service is a statewide service that supports the provision of healthier foods and drinks in catering, retail outlets and vending machines across a range of settings and facilities, including schools, early childhood services, workplaces, hospitals, sport and recreation centres, tertiary education and parks.⁹⁷



**BEST
CHOICE**



**CHOOSE
CAREFULLY**



**LIMIT OR
AVOID**

The Victorian Government's *Healthy Choices* guidelines aim to **improve the supply and promotion of healthier foods and drinks** in hospitals and health services, workplaces, sport and recreation centres, and parks.



EXAMPLES

The Victorian Government has demonstrated leadership in this area, with the development of the Department of Health and Human Services **Healthy Food Procurement Policy**. In addition, the Victorian Government is progressing a 2018 election commitment to undertake a comprehensive audit of and then mandate new health and quality standards for food in public hospitals and public aged-care facilities.⁹⁸

The **UK Department of Environment, Food and Rural Affairs** has mandatory buying standards for government food and catering services to ensure sustainable procurement, which includes nutrition standards.⁹⁹

New York City Council requires all council agencies and their contractors to procure food according to defined nutrition standards, which were first enacted in 2008 and revised in 2011 and 2015. In 2012, the City enacted legislation that encourages local food procurement.¹⁰⁰

Develop and implement a strategy to get Victorians walking more

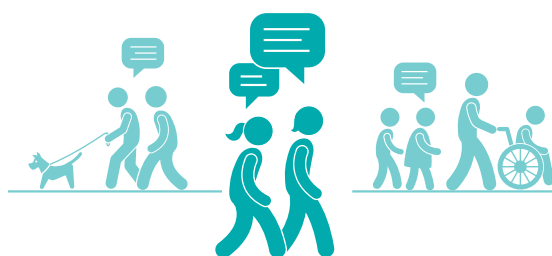


- The Victorian Government should develop and implement a whole-of-government walking strategy and action plan which focuses on:
- infrastructure and urban design that promote and encourage walking to local destinations like shops, public transport, schools, parks and recreation spaces
 - prioritisation of pedestrians in transport environments
 - public education and strategies to shift social norms to support walking.

Context

A sedentary lifestyle is a key driver of growing obesity rates in Victoria. Environmental factors, including the built environment, can have a substantial impact on physical activity by either supporting or discouraging walking. The term 'obesogenic environment' has been used to describe an environment that inhibits physical activity levels and therefore contribute to levels of overweight and obesity.²²

The World Health Organization *Global Action Plan on Physical Activity 2018–2030* highlights the need for 'active environments', including highly connected neighbourhoods that enable and promote walking in addition to cycling, other forms of mobility such as wheelchairs, scooters



Walking is a free and accessible form of physical activity for most Victorians and is **beneficial for both physical and mental health.**

and the use of public transport. This requires improved walking infrastructure, road safety and personal safety of pedestrians, as well as improved access to high-quality green and recreational spaces.¹⁰¹ There is also global recognition that built-environment initiatives should also encourage shared use of spaces to promote social interactions within those environments.¹⁰²

Walking is a free and accessible form of physical activity for most Victorians and is beneficial for both physical and mental health. Walking can help reduce the risk of obesity and many chronic conditions, including type 2 diabetes, heart disease and cancer.⁵ Walking can also benefit mental wellbeing by promoting social inclusion (e.g. walking with friends or in a group) and by reducing feelings of stress, anxiety and depression. There is also potential for walkability* to reduce social inequalities in physical function at a neighbourhood level.¹⁰³

Many Victorians participate in walking groups as part of the Heart Foundation Walking program. Evaluation of the program showed it has good reach, including among vulnerable groups such as those with low incomes or poor health, and very good retention rates.¹⁰⁴

Facilitating walking for transport has also been identified as a desirable area for investment by other agencies, such as Infrastructure Victoria in *Victoria's 30-Year Infrastructure Strategy*.¹⁰⁵



Facilitating **walking for transport** has also been identified as a **desirable area for investment** by other agencies.

The Victorian Government is committed to increasing cycling for transport through its *Victorian Cycling Strategy 2018–28*. A similar commitment is needed to support Victorians to walk more. A clear walking strategy and action plan for Victoria would provide a focus for walking for transport and recreation and identify targets for increasing walking participation. It would also provide the policy framework to overcome impediments to investment in walking. Examples of current impediments include inadequate data collection; the lack of overarching responsibility for walking planning and investment; the exclusion of walking benefits in infrastructure business cases; and absence of dedicated walking-infrastructure streams.¹⁰⁶

* Walkability considers how 'friendly' an area is for people walking and is related to factors such as infrastructure, (e.g. pedestrian signals, places to sit, signage), land use (e.g. the number of places of interest that are within walking distance), other road users (e.g. traffic volume and speed), accessibility for a broad range of people (e.g. provision of ramps for people using walking frames and prams), and safety, both perceived and actual.¹⁰⁷



EXAMPLES

Queensland is currently developing a walking strategy, following a 2018–2019 budget commitment of \$2.5 million over three years to deliver a range of initiatives to improve walking environments and facilities. The strategy will promote walking as an accessible, active transport mode across the state.¹⁰⁸

The National Heart Foundation’s **Healthy Active by Design** is a comprehensive guide to building urban environments that support the health and wellbeing of all Victorians.¹⁰⁹ This program has been incorporated into the Victorian Government metropolitan planning strategy, *Plan Melbourne 2017–2050*, in particular the concept of ‘20-minute neighbourhoods’ which allow people to meet most of their everyday needs within a 20-minute walk, cycle or local public transport trip from their home.¹¹⁰

The **Recording and Evaluating Activity in a Modified Park (REVAMP)** study is a natural experiment led by Deakin University IPAN that provides crucial evidence that the design and installation of a new playspace has the potential to positively influence park visitation and park-based physical activity among children and adults.¹¹¹

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