Public Health Association of Australia
submission on The Good Practice Guide: Supporting Healthy Eating and Drinking at School

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to The Good Practice Guide: Supporting Healthy Eating and Drinking at School. With obesity rates in Australia amongst the highest in the world, strategies to address the crisis are urgently required. Dietary issues in Australian children are both clear and concerning. Just 4% of Australian children aged 2-18 years consume the recommended five serves of vegetables per day, and only one-third eat the recommended serves of fruit daily. More than 39% of energy intake in children is derived from discretionary food and drinks which are not required for health, and are high in added sugar, saturated fat and salt.

Malnutrition – comprised of both childhood overnutrition and undernutrition, has implications across the lifecourse. For children, these include impaired cognitive, physical (growth and motor skills) and social development, correlating to poor education, health and economic outcomes in adulthood.

As a society, we must create environments that stimulate healthy diets and facilitate physical activity. Supporting healthy eating and drinking at school is one vital element of this. The introduction of healthy eating in the early years has potential to initiate a cumulative effect, providing not only a foundation for optimal health throughout life, but also providing an evidence-based approach to public health initiatives accessible throughout life. The role of education settings in providing healthy food influences for young children is especially important for children from disadvantaged households.

The Melbourne Declaration on the Educational Goals for Young Australians advocates that for each student, their schooling experience aims to equip them for a healthy, productive and rewarding future. It can be considered, however, that this goal remains unfulfilled for many Australian children due to inadequate nutrition and insufficient physical activity, which directly impacts on health and wellbeing while also reducing the capacity of children to fulfil their academic potential. A ‘whole-of-school’ approach to food, nutrition and physical activity has the potential to support the healthy development of children, enhance food literacy skills essential for a healthful adult life, and instil cultural values for health and wellbeing. Schools have significant public health capacity and should be positioned as sanctuaries that protect children from the influence of food industry and as a pillar of healthful behaviour.
PHAA Response to the consultation paper

1. To what extent do you think the draft Good Practice Guide achieves its purpose?

The draft outlines key issues that need to be addressed, however, there is a lack of more detailed recommendations. Evidence shows that more proactive change support strategies are needed to improve implementation of healthy eating policies in community settings such as schools. Simply providing passive information is not enough. PHAA believes that more in depth guidelines of how to carry out recommendations would be beneficial to schools to ensure implementation.

2. Do you feel the language and pitch of the draft Good Practice Guide is suitable for your needs?

The information and recommendations provided in the draft are general, and would be more useful with the addition of specific and detailed recommendations for implementation.

3. Considering the content of the draft Good Practice Guide, is there anything you would like to change?

Shared Leadership

Action for schools and Action for government and others –

Teachers, principals and school staff must understand and be supportive of the Guide in order for it to be implemented successfully. The draft does not clearly set out how schools will be engaged, motivated and empowered to successfully create a healthy eating environment in their school. It should include building staff and teacher knowledge around why a place-based approach to healthy eating is important, and the role of schools to model this. For example, why using food as a reward is not good practice, and how fundraising with discretionary food undermines healthy eating messages. Online resources are useful but probably insufficient to create a shift in knowledge and attitudes. The rates of chronic disease, overweight and obesity in Australia indicate that there may be a general problem with poor food literacy levels in Australia, which is exacerbated by a food environment promoting and enabling less healthy choices.

PHAA suggests –

- 1.6: Re-phrase “support staff to develop and expand their professional knowledge...” so that it is an essential element of this Guide, e.g. 1.6: Ensure staff are supported to develop and expand their professional knowledge and skills in food literacy.

- 1.10: Re-phrase “support workforce development for school leaders...” so that it is an essential element to this Guide e.g. “1.10: provide workforce development for school leaders and staff to extend their knowledge and skills to integrate healthy eating and drinking to improve student wellbeing”
Collaboration on local solutions helps to create change and remove barriers. Sharing knowledge and experience between schools and providing motivation and support for schools is essential in assisting widespread implementation of the Guide. This may be facilitated through a group including representatives from the jurisdictional Departments for Health and for Education, local government health promotion staff, community health organisations working in prevention, representatives from each school including both staff and parents. These representatives could change regularly to broaden exposure in the school.

PHAA suggests – **New item** – “participate in a working group established in local government / district areas that supports implementation of The Good Practice Guide, shares knowledge across schools, addresses local barriers etc.”

### Healthy Food and Drink Policy

#### Action for schools –

The inclusion of examples may be beneficial for implementation of the Guide. For example –

- 2.2.1. ensuring water is available for students at all times – *installation of water dispensers and encouraging water bottles in the class room.*
- 2.2.2. encouraging healthy food and drinks to be brought from home – *provision of healthy lunch box ideas through school communication platforms such as newsletters and apps.*
- 2.2.5. encouraging non-food items to be used as rewards or incentives for students – *such as stickers, pencils, class room free time.*
- 2.2.8. encouraging non-food or healthy food fundraising activities – *such as fruit and vegetable boxes, mango drives.*

An additional item is suggested:

- 2.2.10: create a school garden for educating children about where their food comes from and how they can grow their own fruit and vegetables – for example the Stephanie Alexander Kitchen Garden¹⁵ or a similar program.

#### Action for others –

The inclusion of examples may be beneficial for implementation of the Guide. For example –

- 2.7. provide tools and resources to assist schools to implement healthy food and drink policies – *such as training in policy guidelines and canteen management, provision of menu templates, sample menus and recipes, database of potential canteen menu products.*

Where the Guide is not mandatory, schools may need incentives to participate. This may be achieved through reporting on participation and implementation. Such information may useful for parents in deciding which school their children should attend.

- PHAA suggests: 2.8: Re-phrase “consider monitoring and communicating measures...” so that it is an essential part of this Guide, e.g. “2.8: *establish monitoring and communicating measures of implementation of healthy food and drink policy in schools in their jurisdiction*”
Teaching and Learning

New heading: Action for government and others –
Improving the food literacy of parents and carers is essential to improving children’s diets and the contents of the food they bring to school. This may be delivered through established local or state and territory government health promotion of dietetic professionals, using the school as a setting for community education.³⁶

PHAA suggests: New item: “Provide education opportunities at the school or the local community for parents and families to increase their understanding of the Guide and the role a healthy diet plays in their child’s education and health outcomes”.

Partnerships

Action for schools:
The inclusion of examples may be beneficial for implementation of the Guide. For example –

- 4.4. involve students, staff and families in the development and implementation of healthy food and drink initiatives and activities – for example, establish a canteen committee involving school executive, teachers, parent group representatives and students.
- 4.5. encourage families to partner in their child’s learning by reinforcing healthy food and drink choices at home and contributing to school-based efforts - provision of healthy lunch box ideas and recipes for home through school communication platforms such as newsletters and apps.

4. Do you know of any initiatives that could be used as examples or case studies to illustrate good practices in action?

Shared Leadership

High school case study: Hunter River High School, Raymond Terrace NSW – motivated canteen staff supported by the school principal who has embraced the NSW Healthy School Canteen Strategy.

Primary school case study: the following are diverse schools that have all had very supportive principals towards implementing the NSW Healthy School Canteen Strategy – Ellalong Public School, Tarro Public School and Manning Gardens Public School.

Healthy Food and Drink Policy

There are number of Australian trials (in NSW) that have assessed the effectiveness of various strategies to improve implementation of healthy eating policies in primary schools.¹⁷⁻²⁰ These trials highlight that multicomponent strategies are needed to support schools to implement such policies such as gaining leadership support, provision of tools and resources, menu audit and feedback, consensus processes and on-going implementation support.
Conclusion

PHAA supports the broad direction of the Supporting Healthy Eating and Drinking at School Guide. However, we are keen to ensure adequate information and systems are in place to support implementation, in line with this submission. We are particularly keen that the following points are highlighted:

- Specific examples and recommendations would be helpful for schools implementing the Guide
- The whole school community, including teachers, support staff and parents, should be engaged, motivated and empowered for successful implementation

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improving healthy eating and drinking at school.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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References