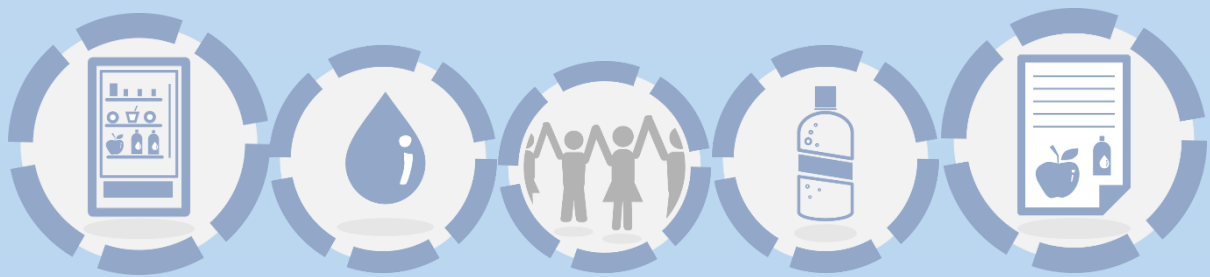


A CASE FOR CHANGE:

GATHERING THE EVIDENCE FOR HEALTHY FOOD AND DRINK INITIATIVES



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Contents

Executive Summary.....	3
Introduction	4
Methods.....	6
Findings in the key areas.....	7
Case studies	8
Healthy Together Victoria.....	9
Lara Pool Kiosk	9
The Alfred.....	13
Cardinia Shire Healthy Bites.....	18
EatSmart Knox.....	21
Other Initiatives	24
Workplaces	25
Water Fountains	27
Conclusion and recommendations	29
Acknowledgements.....	30
References	31
Infographic.....	34

Executive Summary

This document describes key case studies exploring the implementation of healthy food and drink policies and guidelines in a range of settings across local government areas within Victoria. It explores how local initiatives and policy interventions can influence the food environment. It summarises key findings in four areas of interest which are: Healthy Together Victoria Communities, Healthy Food and Drink policies and guidelines, sugar sweetened beverages, vending machines and water fountains.

This evidence brief has been developed for local government and community health services within Melbourne's Inner East Catchment (Boroondara, Manningham, Monash and Whitehorse) to support identification of opportunities to change the food environment and improve access to healthy food options. It intends to advocate for and guide the implementation of initiatives to develop sound Healthy Food and Drink policies and guidelines within a local context.

Case studies and examples were collated through investigation of grey literature and semi-structured interviews with key individuals involved in each initiative, including health promotion officers and program managers. Cases with strong outcomes, and where available supporting data, were selected to highlight key learnings. The cases and examples cover a range of settings including sports and recreation centres, workplaces, and local food businesses. Key challenges have also been identified to acknowledge the potential barriers that may be faced during implementation.

Common themes for success include:

- Engaging stakeholders and gaining their support.
- Building trust and rapport with stakeholders.
- Support for knowledge development of staff and stakeholders in policy or guideline use and food/drink classification.
- Community involvement instils a sense of ownership in the programs.
- Community champions enable and maintain community engagement.

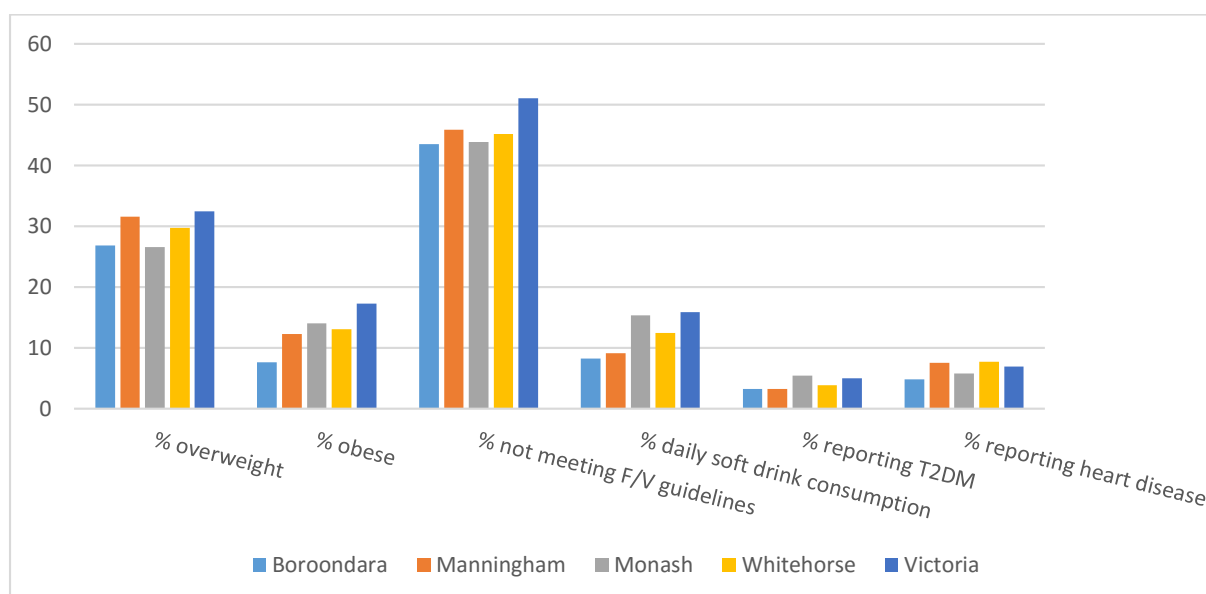
Success was further exemplified as profits for food retailers were unaffected by the implementation of healthy food and drink policies.

This document acknowledges that state and federal frameworks limit the ability of local council to affect prominent change within the wider food environment. However, local government is instrumental in initiating action through local level implementation and subsequent advocacy for healthy food and drink policy or guideline creation. Overall, approaches that prioritise collaboration and unity across a range of environmental settings, from government and industry to organisations and communities is crucial in addressing obesity.

Introduction

The rising prevalence of overweight and obesity has been described as a global pandemic¹ and remains a National Health Priority Area in Australia.² Over the last three decades, prevalence in Australia has steadily increased with 62% of adults and 24% of children and adolescents classified as overweight or obese.^{1,3} By 2019, it is predicted that these increases will continue across all age groups to affect approximately 66% of the population.⁴ Consequently, state and local governments and community health organisations have incorporated tackling overweight and obesity in their Health and Wellbeing Plans.⁵⁻⁸

Figure 1: Inner East local government statistics for Overweight, Obesity and Nutrition⁹⁻¹²



Local government statistics (Boroondara, Manningham, Monash and Whitehorse) compared to Victorian statistics for population percentages of overweight and obesity, not meeting fruit and vegetable guidelines, daily soft drink consumption and rates of Type 2 Diabetes Mellitus and heart disease.

Overweight and obesity are strongly correlated with debilitating chronic diseases including cardiovascular disease, Type 2 diabetes, metabolic syndrome, some cancers¹³ and negative mental wellbeing.¹⁴ Along with the physical and mental stresses of obesity-related chronic disease, the economic burden affects the individual, their family and their community, costing the country up to \$56 billion annually.

The 1986 Ottawa Charter states that communities should be provided with supportive environments and opportunities to make healthy choices to allow them to achieve their fullest health potential.¹⁵ However, modern lifestyles favour high energy intakes and sedentary behaviours, perpetuating rates of overweight and obesity. This has led to the coining of the term ‘obesogenic environments’, which can be defined as the ‘influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals

or populations'.¹⁶ Obesity is now recognised as a negative consequence of obesogenic environments.¹⁷ Therefore, multidimensional strategies that target obesogenic environments in addition to individual, social and organisational factors are now implemented in public health practice.^{16, 18} Addressing the obesogenic environment is effective in reaching all levels of society and may particularly benefit areas where obesity is highly prevalent.¹⁹

Both public health policy and the food environment are largely influenced by the political landscape.²⁰ It is acknowledged that federal and state government frameworks may limit the extent of change that local councils may undertake. Nevertheless, local governments are instrumental in initiating action that has the potential to influence higher government levels, which can feedback into policy creation at state and federal levels. Therefore, this document focuses on the local context to highlight in which settings and situations local councils and supporting community health organisations can meaningfully act.

The Inner East councils have identified healthy eating and access to safe and nutritious food in their Municipal Public Health and Wellbeing Plans.⁵⁻⁸ Policy and guideline approaches have the potential to drive positive, sustainable and equitable changes to the obesogenic environment as they target the environment on a population level rather than just individuals or small groups.²¹ This document presents a series of case studies to build an evidence base of interventions and approaches that can be applied to different settings in the Inner East to support the creation of policies and guidelines to combat the obesogenic environment and promote better access to healthy food and drink for all.

Methods

Key areas of interest were generated by a Food Think-Tank which is composed of representatives from the Inner East Primary Care Partnership, local councils and community health services. These interest areas were identified as: sugar sweetened beverages; healthy food and drink catering policies; vending machines and drinking fountains; and lessons learnt from Victoria's Healthy Together Communities.

Over eight weeks, grey literature searches and case study interviews were conducted to collate a body of evidence in regards to a range of initiatives. Key individuals involved with these initiatives were contacted and they were able to identify other professionals working in the same space. Semi-structured interviews were conducted with these representatives. They worked in six different initiatives of interest in Melbourne and Geelong: Alfred Hospital, City of Knox, Cardinia Shire, Healthy Together Geelong Lara Pool Kiosk. Representatives were usually highly-placed health promotion officers or program managers.

The aim was to identify programs with recent and sufficient evidence on efficacy and financial impact; as well as factors including feasibility and public acceptance. The outcomes and breadth of available information was then assessed to determine which cases would provide the best guidance for implementation by local councils and supporting community health services. The major findings for each area of interest have also been summarised as a series of key learnings, and from these, recommendations have been provided.

Other initiatives of interest, including free water fountains, were identified and included. While sufficient information was not available to create firm case studies from the examples (either due to lack of accessible information or the initiative still being in trial) they were considered to be important for breadth of knowledge.

Findings in the key areas



Lessons Learnt from Healthy Together Communities

- Leadership at every level and continuous involvement with stakeholders are key factors in implementation and sustainability of a program.
- Community involvement creates ownership over initiatives and enables their sustainability.



Sugar Sweetened Beverages

- Out of sight, out of mind - rearranging beverage fridges to make healthy beverages the most prominent choice reduces the purchase of unhealthy beverages.
- Profits remain stable as unhealthy purchases are replaced with healthier options.



Healthy Food and Drink Policies and Guidelines

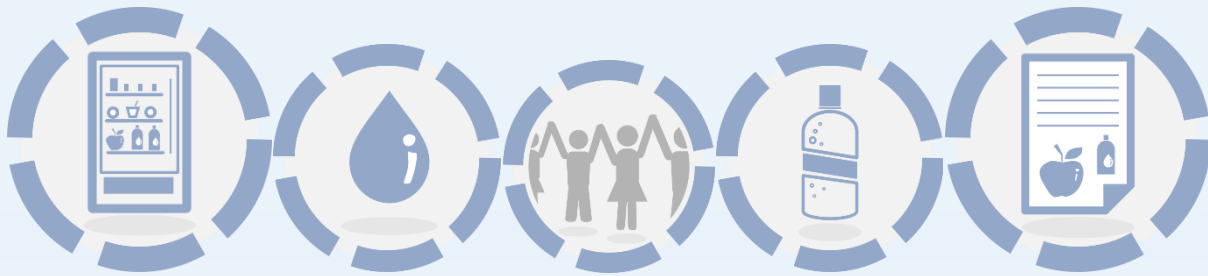
- Clear, effective communication of a guideline or policy and its content to food vendors, caterers and organisation staff (as applicable) is key to ensure adherence and the provision of appropriate options.
- Policies aim to improve health, not restrict choice. The scope of healthy catering policies need to be explicitly communicated to minimise confusion (for example, the policy or guideline applies to council-catered events and not staff lunches brought from home).
- Healthy catering policies provide an immediate and impactful opportunity for organisations to ensure consistency in health messages.
- Support from nutrition professionals enables clarity and understanding of nutrition-based guidelines.



Vending Machines and Drinking Fountains

- Increased provision of healthy options and decrease of unhealthy items in vending machines helps customers to make healthier choices. However, maintaining consistent supply and variety of healthy options can be challenging.
- Prominent availability of water fountains at sporting events encourages and enables the consumption of water over sugar sweetened beverages.

Case Studies



Lara Pool Kiosk



Guideline used:

Healthy Choices: Policy guidelines for Sports and Recreation Centres

Location:

Lara Pool, Geelong

Healthy Together Victoria

Healthy Together Victoria was developed as a state-wide response to chronic disease rates in Victoria, including obesity. It applies a progressive systems approach to public health as it considers the entirety of the obesogenic environment from the top down, rather than approaching each problem in isolation. The formation of twelve Healthy Together Communities included funding to implement initiatives such as the Healthy Choices. Healthy Choices are a series of healthy food and drink guidelines that can be applied to various settings, enabling for the creation of policies to allow healthy choices to be the easy choice. Outside of these communities, the guidelines could be further implemented on a voluntary basis. The guidelines utilize the traffic light system of classification, where green items are considered the healthiest and 'best' choices, amber choices should be considered carefully and red items should be limited. The overall aim of Healthy Choices is to make healthy food and drink the easy choice for consumers and their communities. However, before they can become the easy choice, they must become the available choice.

Lara Pool Kiosk

Background

In 2011, Healthy Together Geelong began implementing 'Healthy Choices: Policy guidelines for Sports and Recreation Centres'²² in settings throughout the area, including Lara Pool Kiosk. Lara Pool is a small council-run recreation centre with an internally run kiosk that provides food and beverages to customers. Being a seasonal pool, it opens for only five months annually, from November to late March.

In the first year of adopting Healthy Choices, the kiosk featured mainly green category foods together with water and fruit juices. During this time the operator of Lara Pool Kiosk vacated his contract. This permitted Healthy



Figure 2. Lara Pool Kiosk

Together Geelong to use the kiosk as a trial for canteens in recreational centres by adopting zero red category foods. By eliminating all red choices, they aimed to set a benchmark to which all future initiatives would be measured against. The provision of only green and amber items has continued for another three seasons.

Initially, the process for Healthy Choices began with multiple discussions regarding feasibility between the health promotion team and recreational centre managers. One manager was resistant to the idea of Healthy Choices, however, the health promotion team remained persistent and framed the program as an opportunity to lead the field and give back to the public. Since then that manager has become and remains one of the program's outspoken champions.

The implementation of Healthy Choices at Lara Pool Kiosk was assisted by up-front assistance and funding. A new benchtop fridge was purchased to stock green/amber items, such as sandwiches, wraps, cheese and crackers, yoghurt, fruit tubs, sushi and fruit juice (the previous fridge was contractually obligated to stock red items through a branded supplier). Support by the Healthy Together Geelong team was provided to kiosk staff at all stages, especially during the transition to the new menu. This included demonstration of stocking the new shelves as well as assistance in the marketing and promotion of Healthy Choices.

Collaboration with stakeholders to create a sense of ownership was another strength of the trial. Healthy Together Geelong worked with the Victorian School Canteen Association, the Healthy Eating Advisory Service and local food and drink suppliers to engage local children by asking: "What does health mean to you?". The children were encouraged to submit ideas for a new canteen name as well as graphics and designs to promote healthy messages. Overall, sixty submissions were made and a community-inspired slogan was chosen: "Hungry? Thirsty? Need Energy? Choose Green". This message was then used to brand the kiosk and promotional material (Figure 2).

Outcomes

Data was gathered in regards to food spending, attendance, sugar, and fat per visit to evaluate the impact of the program on kiosk profit and consumer nutrition.

A significant drop in attendance between the two seasons prevented the observation of impact of implementing Healthy Choices by a direct sales comparison. The drop is thought to be attributable to a hotter than usual 2012/2013 season (hot days increased kiosk sales dramatically), in contrast with a colder than normal 2013/2014 season that affected the outdoor pool attendance. When spending per attendee was considered (Figure 3)²³, the two seasons were comparable. Positive nutrition outcomes were seen by a 40% reduction in energy and 69% reduction in saturated fat per attendee (Table 1).²³

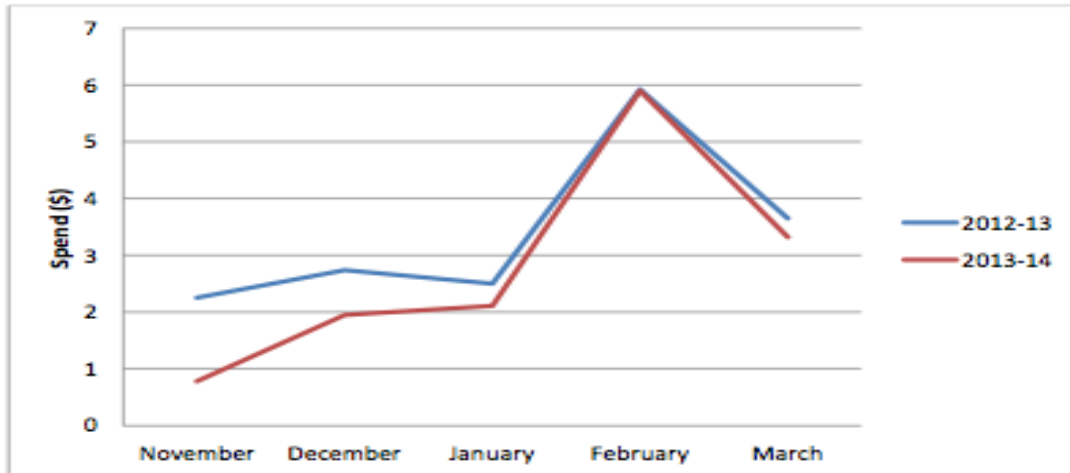


Figure 3: Comparison of spend per attendee for the 2012-2013 and 2013-2014 seasons.

Table 1: Changes in nutritional outcomes for the 2012-2013 and 2013-2014 seasons.

	Total saturated fat sold (g)	Saturated fat per attendance (g)	Total energy (MJ) sold	Energy (kJ) per attendance
2012/13	73,029	6.23	12,774	1,091
2013/14	20,504	1.92	7,005	654
Reduction	52,525	4.31	5,768	437
Percentage reduction	72%	69%	45%	40%

Pre and post-implementation surveys were conducted to assess the impact of the program according to customers. Respondents demonstrated a high level of ownership over the changes made.

The survey revealed that²³:

- 86% of respondents were happy with the healthy changes made to the kiosk menu;
- 86% of respondents purchased either more, or the same amount of food at the kiosk; and
- 24% of respondents visited the pool more frequently than the previous season.

Several factors eased the implementation of Healthy Choices at Lara Pool Kiosk. The most notable is the small financial turnover of the kiosk, meaning that any financial impact resulting from implementation was considered to be low-risk. Additionally, Lara Pool Kiosk serves a contained community; the residents of Lara are its predominant patrons, including schools in that area. The health promotion team identified this as an opportunity to create ownership by enlisting school children to redesign the kiosk and rename the canteen. This example of community engagement was key in building rapport and ownership in the local community. Funding also contributed to the ease of implementation, for example the kiosk received a grant for a new fridge selling only green and amber items that aimed to replace an existing branded fridge that solely sold soft drinks. These factors allowed Lara Pool Kiosk to become a pioneer in the provision of zero red items as well as an exemplar case to demonstrate feasibility to other recreational centres across Victoria.

In 2015, the council ratified a food policy that outlined their contribution to the region's food system, particularly in the consolidation of food accessibility, security, nutrition, equity and resilience²⁴. A consultant from the Food Alliance, funded by Healthy Together Geelong, assisted in the creation of the food policy, which further demonstrates the importance of available funding. Through the policy, council-run outlets are now aiming to meet the quota as outlined by the Healthy Choices guidelines (50% green, 30% amber, 20% red)²², which demonstrates the potential of policy to influence sustainable change on a large scale.

Enablers

- Community involvement by stakeholders built ongoing program ownership and rapport.
- Once established as a high power champion, the Lara Pool manager became instrumental in driving changes in both the upper and lower levels of stakeholders.
- Increasing the number of sites implementing Healthy Choices drives change at a community-wide and supplier level. These changes support implementation of subsequent Healthy Choices programs in-turn.
- Collection of baseline data prior to implementation allowed evaluation of data during and after implementation, which was important when assessing the impact and efficacy of the intervention.
- It is important to address concerns and obligations of key stakeholders. For example, recreational centre managers must prioritise profits, even if personally in agreeance with Healthy Choices ideals.
- Supporting vendors and suppliers with food classification knowledge is crucial to enable correct classification of their products. Equipping them with this knowledge also contributes to ownership and sustainability of Healthy Choices.

Challenges

- Common misconceptions regarding consumer behaviour held by stakeholders. For example, the belief that parents commonly reward their children with red options at sport and recreational centres; and the belief that the traffic light system will negatively affect sales and profits.
- Volatility in the political environment can be detrimental to a programs' sustainability. For example, when influential stakeholders are replaced by as of yet uncommitted members.
- Sustainability of Healthy Choices is vulnerable to a loss of interest over time. Continual training, promotion and engagement is necessary to prevent attrition.
- Classification of foods by participating retailers often requires robust nutrition knowledge. There is a requirement for a contributor in council or community to have a professional nutrition or public health background, otherwise the task may be seen as 'too difficult' to take on.
- Suppliers may not have sufficient green or amber items to meet quotas. Pre-categorisation of food to the traffic light system has been undertaken by some supply companies to aid selection

The Alfred



Guideline used:
Healthy Choices: food and drink guidelines for Victorian Public Hospitals

Location:
The Alfred, Melbourne

Background

In 2010-11, senior management at Alfred Health decided to include primary prevention as part of their commitment to excellence in healthcare for their patients and the community. To achieve this, Alfred Health adopted the 'Healthy Choices: food and drink guidelines for Victorian Public Hospitals'²⁵ across all three sites (the Alfred, Sandringham, Caulfield) with the aim of improving the promotion and availability of healthy food and drink options. These guidelines were applied to vending machines, food outlets and any establishments selling food and drink within the hospital premises.

The Alfred has also extended the principles of Healthy Choices to their catering policies, although not required by the guidelines. Food businesses interested in a catering tender with the hospital are now required to present a menu free from red options for catering at functions and meetings held on the Alfred premises.

When the tender for their on-site vending machines expired in 2012, Alfred Health decided to introduce a vending machine quota as per the guidelines which must be fulfilled by the new supplier. The traffic light system was also applied to vending machines as a continuation of improvements to all aspects of the hospital's food environment. Again this was strongly driven by commitment of the CEO, allowing for a consistent health message to be presented across the Alfred's food outlets. Two major challenges when stocking healthier options in vending machines are shelf life and market availability. The Alfred reported that previous selections of healthy items have been discontinued, presenting a challenge in finding suitable alternatives and the subsequent stocking of a very limited array of green items.



Outcomes

Alfred Health decided to pilot the Healthy Choices guidelines system with their largest vendor in the Alfred Hospital. The owner was concerned of the potential risk of reduced profits, however the public health coordinator proposed a two week 'safe-to-fail' experiment lasting just two weeks to assess the viability of the traffic light system on sales and profits.



The experiment entailed stocking the display cabinets with only green and amber drinks, while keeping the red drinks out of sight. These items were still available on request. When sales data was reviewed after the experiment, they found that while sales of red drinks significantly fell, this was counterbalanced by a rise in healthier beverage sales, with profits unchanged. Due to the encouraging results the trial was extended for six months, which had the added benefit of allowing staff to ease into the new system. To address the concern of consumer resistance, a survey was performed after the six-month trial, with the aim of assessing customer awareness towards the changes. Only 2 out of 200 customers surveyed reported that they noticed changes in the types of drinks available for sale.²⁶ This suggests that consumer purchasing habits are partly influenced by visual cues.

An innovative change was the addition of mini serve sizes to the existing small, medium and large serves. Mini serves were aimed at capturing consumers who felt the small serve was still too large. Eventually the mini size was incorporated and the large size was discontinued through a restructuring of serve sizes: The mini became the small, small became medium and medium became large. This has been accepted well by consumers, without any impact on sales. The vendor's next goal is to make healthier choices more financially attractive by creating a price differential between red, green and amber foods. To support this, a strategy of interest is to remove all red items from display, only preparing them upon request.

The Alfred Hospital also approached the convenience store, which stocked predominantly red items. The owner was initially resistant, as most profits came from the sale of red items. However, a trial of a 20% price increase on red items was negotiated, which led to an 11% reduction in red sales without impacting profits.²⁶ As the prices of items in the convenience store are higher, creating a stronger price differential between green and red items means that people are more inclined to choose green items which are perceived as having better value-for-money. Similar trials were performed in the smaller cafes of the Alfred Hospital, all of which demonstrated no negative impact in terms of profits.

In 2015, the overall results reported achieving targets with 50% green and 25% amber categories of foods provided.²⁶ 25% foods provided were still in the red category, however this only exceeds the Healthy Choices target by only 5%.^{25,26}

Table 2: Summary of strategies, rationales and relevant outcomes for the Alfred healthy food and beverage initiative

Event	Rationale	Relevant outcomes
2 week safe-to-fail experiment at the largest café at Alfred Hospital	To address vendor concerns about reduced sales and profits	<ul style="list-style-type: none"> • Sales of red drink fell with a rise in sales of healthier beverages • No impact on profits
Consumer survey after 6 months of implementation	To evaluate degree of consumer awareness towards changes – Consumer resistance was a concern	<ul style="list-style-type: none"> • 198 out of 200 (99%) consumers surveyed were not aware that different drinks were available for sale
Trial to increase the prices of red options at the convenience store while maintaining other prices	To create a price differential between healthy and unhealthy items	<ul style="list-style-type: none"> • 20% price hike for red items led to an 11% decrease in red sales • No impact on profits
Introduction of mini serves	To capture the consumer base that felt that the ‘small’ serves were still too much	<ul style="list-style-type: none"> • Well received by consumers • No impact on profits • Mini size was incorporated while the large serves were discontinued

Enablers

- Profits are a key motivator for many stakeholders as financial viability allows for confidence in changes. For example, the cafe owner is now one of the system's most vocal and proactive supporters.
- Building strong, trusting relationships between stakeholders are critical. Transparency, communication and recognition from all stakeholder levels is crucial to fostering and maintaining these relationships.
- Having leaders on all levels is also important because it gives a sense of ownership to the program and activities, increases capacity and autonomy, as well as enables different perspectives into enablers and barriers.
- Overall, the most guideline-compliant items are freshly made meals and drinks (especially sandwiches, coffee, and tea).

Challenges

- Adoption of Healthy Choices is voluntary. A change in vendors may nullify any progress made if the new vendor decides against implementing Healthy Choices. Moreover, a requirement to publicly tender for vendor contracts means that management has less control over the prerequisites that need to be fulfilled by potential vendors to successfully bid to win the contract.
- Promotion of healthy options was restricted by the current layout of the food court. The existing floor plan allows for the prominent display of unhealthy foods, while the salad bar is located in a corner and is not easily visible to customers.
- Limited shelf-life and variety of healthy options complicates their stocking in healthy vending machines.
- A common argument presented by staff was the assumption that Healthy Choices took away their right to access unhealthy foods which they perceived as more convenient.
- Long-term vendor contracts limit the management's ability to include a clause that would make compliance to Healthy Choices compulsory.

Healthy Bites Cardinia



Guideline used:
Healthy Bites, Healthy
Together Cardinia

Location:
Shire of Cardinia food
retailers

Background

Healthy Bites was developed in 2014 under Healthy Together Cardinia Shire as a response to increased community demand for healthier food options. Its purpose is to increase the availability of healthy food at food retailers, including cafes and restaurants. The focus is to equip food retail vendors with knowledge and skills about healthy eating and cooking. Healthy Bites also works to enhance the overall presence and in-store visibility of healthy food. Local marketing and in-store promotion techniques are used to raise community awareness and encourage purchasing of healthy foods. Each Healthy Bites option is identified by a 'Healthy Bites' sticker. As per the Healthy Bites criteria, options must be low in saturated fat and salt, high in fibre, and contain at least one serving of fruits or vegetables. Tap water must be made available for dine-in patrons and bottled water available for take-away purchases. Alternative drinks may include fruit juice and diet carbonated beverages.

Participating venues will be approved as Healthy Bites food retailers once they have at least three Healthy Bites options on their menu, while meeting the criteria for healthier ingredients and environments (for example, having a prominent display of healthy choices).

Apart from the stickers, promotion occurs with the use of in-store banners and signs. Vendors can request for larger stickers to be attached to their menu board. Some vendors have rearranged their food and drink displays to increase accessibility of healthy options over unhealthy options. For example, one vendor moved their drink cabinet next to the salad bar, placing the healthy options directly in sight of people buying drinks. External promotional strategies include the use of social media, websites,

flyers, newsletters, council notice boards and engagement at community events to further raise public awareness of the program.



Outcomes

Healthy Bites has been well received in Cardinia Shire. It has now expanded from five to fourteen participating outlets. The program was evaluated in 2015 and collected feedback from key individuals such as health promotion professionals, cafe staff, chefs, cafe owners, and cafe patrons.

The evaluation found that Healthy Bites sticker was easily understood by cafe patrons in assisting them to choose healthier options.²⁷ Patrons further reported that stickers helped them to identify other healthy food options and communicate this to family and friends. It was revealed that 74% of patrons thought Healthy Bites stickers had made them think ‘a little’ or ‘a lot’ more about their food choices. Sixty-eight percent of patrons reported that the Healthy Bites sticker has altered their food choice often (30%), occasionally (30%), and always (8%). The Healthy Bites food options were perceived as appealing in taste and in 96% of cases where a Healthy Bites option was purchased they would buy it again. A majority supported the expansion of Healthy Bites, with 80% of patrons wanting more participating venues and 58% desiring a larger range of Healthy Bites options.

“

Every business will worry about what these things cost, but it's only small, and it is healthier, you tell people we're using healthier oil, and people are happy about it.

- Healthy Bites Awarded business owner

Healthy Bites increased the capacity of food retail vendors and staff in providing healthy options by improving their healthy eating knowledge and skills. Vendors and staff have identified that they would consciously consider health when developing recipes and menus. Support, including the supply of stickers and banners from Cardinia Shire Council, has made it easier for vendors to implement the program. Vendors and staff further reported improvements in their own health and wellbeing. They also experienced a business advantage by responding to customer demand for healthy food.

Enablers

- To increase venue participation, food retailers were presented with clear evidence of community demand for healthy food options.
- Appealing to food retail vendors' sense of community responsibility through the creation of healthier environments for local residents enabled ownership over the program.
- Small and manageable changes are more achievable.
- Face to face contact was essential to establish rapport and trust with food retailers. Phone follow-ups were useful in maintaining motivation and addressing barriers.
- Assistance from local council and external partners played a key role in sustainability of the Healthy Bites program.

Challenges

- Healthy Bites was harder to implement in rural areas due to limited access to fresh food suppliers, limited health knowledge and higher perishability of healthy foods.
- Affordability of healthy food options is a barrier for patrons in both metropolitan and rural locations.

Eat Smart Knox



Guideline used:

EatSmart Knox, Healthy Together Knox in conjunction with Knox City Health Service Department

Location:

City of Knox food retailers



Background

The EatSmart program was developed in 2012/13 by Healthy Together Knox in conjunction with the Knox City Council's Health Services department. It was developed to build on the Health Service's previous healthy food environment awards program Going for Gold. The aim of EatSmart was to build on the learnings taken from Going for Gold, to increase healthy food access within the Knox community. It focused on developing a new healthy food choices award program to increase the number of food premises in Knox that provide healthy food choices

Evaluated in late 2013²⁸, semi-structured interviews were conducted with Healthy Together Knox and Healthy Service staff who had been involved in either the development or implementation of the program. Five proprietors who were awarded EatSmart certification were also interviewed. However, it was noted that a limitation was its lack of inclusion of food proprietors who were not engaged within the program.

An initial information session was held to launch the program and generate awareness amongst local food proprietors. To be considered eligible for participation, food businesses (defined as those with primary business in the preparation of food for immediate consumption which were not currently governed by specific policies) had to achieve a minimum score of 90% on the food safety assessment component of the EatSmart program as carried out by the council's Environmental Health Officers. Those who met at least 90% of the target were identified as eligible and received an invitation to participate. In total, 126 retailers were identified as eligible. Retailers who required significant changes to meet criteria were provided with additional support by Health Service staff.

Outcomes²⁸

Impact on food proprietors

Interviewed proprietors reported no significant negative impacts in profitability and minimal negative consumer feedback once changes were implemented. Shop owners reflected that the program could be considered an asset for the local community and that the program had the potential to make a difference. Positive feedback was received by food proprietors in regards to council implementation of the program.

As fast food and takeaway outlets (eg. pizza, fish and chips) require significant changes to their menus, a sub-categorisation with less stringent criteria has been suggested. This category recognises efforts to make healthier changes while acknowledging that they do not provide the same level of healthy choices as businesses in the standard category.

Impact on Healthy Together Knox and Health Service staff

Time was identified as a major impact. The additional time commitment in implementing EatSmart Knox created increased workload pressure on the Health Service team. The need for workload management and team support, to assist with EatSmart, was identified as key to 2014/2015 implementation. Similarly, the Healthy Together Knox team experienced an increased time commitment due to the provision of ongoing support and direction during the program's implementation, promotion and evaluation.

The development of a partnership between Healthy Together Knox and Healthy Service occurred relatively easily, however as the program progressed into implementation, it became more challenging to determine roles and responsibilities. Staff reported some confusion as to who was responsible for taking the lead. A lack of clarity in communication and working styles between the two teams was identified as a barrier.

Both Environmental Health Officers and proprietors indicated that food businesses may not have fully understood what was involved due to a lack of time to engage with the program material. The Environmental Health Officers also reported that a higher level of support was required for businesses in order to guide them to make the necessary changes, as it was indicated that businesses were 'very dependent'. The high workload and limited nutrition knowledge meant that officers did not have the capacity to provide this level of support to all businesses who expressed interest in the program.

Enablers

- Development and implementation occurred in conjunction with food retailer classification changes by the Victorian Government.
- Prior experience of the Healthy Together Knox program manager was invaluable for the implementation of a healthy food choice program at the local level.

Challenges

- Existing contracts with suppliers may limit proprietor selection of appropriate green/amber foods.
- Limited capacity of franchises/chain stores to change due to parent company framework prevents implementation of EatSmart changes.
- Current criteria is too ambitious for fast food or take away outlets due to their high 'red' menus. An alternative sub-categorisation has been suggested to enable their participation.
- Consumer demand may not align with the healthy food approach.
- Nutrition knowledge of staff may be limited, challenging their abilities to support proprietors.

Other Initiatives of Interest



Workplaces



Policy used:

Healthy Catering Policy and Guidelines (Knox City Council)

Locations:

Knox City Council
City of Latrobe

Healthy Together Victoria targeted a range of settings in which Victorians live, work, learn and play. These included early years services, schools and workplaces. A VicHealth Workplace Forum report by PriceWaterhouse Coopers suggested that workplaces are the ideal setting to target the obesity epidemic, especially as the prevalence of obesity is the highest amongst those of working age.²⁹ There is strong evidence that workplace interventions are effective in improving access to and the availability of healthy foods.³⁰ As the leaders and government of their communities, local councils are in a unique position to lead by example in the creation of healthy workplace environments. Information about the healthy catering policy implemented at Knox City Council has been summarised below.

Knox City Council - Healthy Catering Policy

The aim of implementing a Healthy Catering Policy and Guidelines in Knox City Council was to show leadership around what a workplace can do in terms of changing healthy catering. Support from both the council's CEO and Health and Wellbeing Committee were pivotal in maintaining positive change and the creation of the council as a health promoting workplace. In 2014, the policy was endorsed as a key mechanism for the improvement of healthy eating amongst Knox's Councillors and staff.³¹ Support from the Healthy Together Knox team subsequently enabled changes to create the policy and assessment of which catering services met the guidelines for

'Healthy Eating Policy and Catering Guide for Workplaces'³² using the traffic light system. A short two-page guideline was also produced to allow for healthy snacks to be purchased for council meetings. The Healthy Together team also assessed onsite vending machines using the online Healthy Vending Assessment Tool³³, allowing their content to be classified according to the traffic light system.

A major barrier identified was ineffective communication of policy content to staff. Although readily available on the staff intranet, it was noted that staff would infrequently use the provided guidelines. Consequently, when catering occurred, the foods provided were often not from the tendered Healthy Catering menus.



Unfortunately, data on the implementation and evaluation of outcomes in the implementation of this policy has not been published. However, it is a relevant example of healthy catering policy implementation within the local government setting.

“ *The council itself is now a health promoting workplace so we also see the leading by example in that space is very important*

- Michelle Hollingworth, Healthy Together Knox

Healthy Together Latrobe - Catering for Healthier Workplaces

A Healthy Together Latrobe study examining the supply and demand for healthy catering in workplaces found that all 19 investigated workplaces, including eight government and healthcare settings, provided some form of catering supplied for internal events.³⁴ The majority of workplaces reported having a combination of healthy and unhealthy options available, and the healthfulness of foods provided depending on the individual ordering the catering. Only three out of the 19 workplaces had healthy catering policies in place with another four looking to develop or were in the process of developing their own. The study found that common attitudes within the workplaces were that the workplace should set healthy examples to enable employees to engage in healthier lifestyles and that the provision of healthy food was the responsibility of the employer. As this study did not specifically explore an individual implementation strategy, it has not been included within the case studies. However, the information provided may be of use to councils looking to develop their own healthy catering policies as it highlights common barriers and enablers.

Water Fountains



Location:

Etihad Stadium,
Melbourne

**Currently undergoing,
results predicted to be
released late 2016**

In alignment with their Action Agenda for Health Promotion, VicHealth's Water Initiative is an integrated scheme with the goal of getting more Victorians to choose water instead of sugar sweetened beverages.³⁵ The initiatives arise from evidence that high intakes of sugary beverages are associated with poorer health outcomes including an increased risk of excessive weight gain. Part of the Water Initiative is the undertaking of research relating to the development of evidence-based approaches and best practice guidelines for the provision of free water in specific settings.

In October 2015 VicHealth held a Citizen's jury to engage 100 Victorians in responding to the question: "We have an obesity problem. How can we make it easier to eat better?".³⁶ The resulting report was delivered to a Steering Group comprised of representatives from the food industry, research, government and non-profit organisations. One request from the Citizen's jury was to 'make drinking fountains and taps freely available, accessible and visible at public events and places, parks and shopping centres'.³⁶ This request stemmed from the desire to encourage water consumption over that of sugar sweetened beverages.

In response, the Steering group commented on several action areas that were currently underway, which are installing and promoting additional drinking fountains in the City of Melbourne in conjunction with a smartphone application that shows water fountain locations. Additionally, sporting bodies such as Tennis Australia and Etihad Stadium are promoting the provision of free water through fountains at major events.



Etihad Stadium

The 2016 Behavioural Insights and Healthier Lives reported that Etihad Stadium recently approached VicHealth with a proposal to collaborate to support the provision of free drinking water in the stadium.³⁷ Together with Yarra Valley Water, a three-year partnership has been made to supply free, chilled drinking water via ten water fountains during sporting and entertainment events. Promotion of the new water fountains includes simple messages displayed above the drinking fountains ('free water here'), and during specific AFL matches LED signage will alert patrons to the availability of free drinking water (Figure 4). The report highlights that due to an ingrained purchasing culture at stadiums, more effort on raising awareness may have been required than initially anticipated. Recent changes to the Etihad's Conditions of Entry policy means that patrons are now allowed to bring in their own food and beverages to games, including water bottles, which may further encourage water fountain usage.

Fountain usage and water intake are measured through the use of flow meters, which have been active since March 2015.³⁷ Preliminary data has not been released but is anticipated to be available sometime in 2016.



Figure 4. Tweet by Etihad Stadium advertising during an AFL match

Conclusion and recommendations

A combination of individual and social factors together with the prominence of an obesogenic environment exacerbates the prevalence of overweight and obesity within a community. Targeting the environment in which people work, live, learn and play is the current focus of public health, allowing for all factors to be considered in a settings approach. This document examined case studies and examples from a range of settings across Victoria where healthy food and drink policies and guidelines have been implemented. While state and federal frameworks can limit the ability of local council to affect prominent change within the wider food environment, local government involvement is crucial in creating meaningful change within their communities and influencing momentum for advocacy for healthy food and drink policy creation at a national level. The key findings have been summarised and based on these learnings, the following recommendations have been made:

- Communication is key to successful implementation of policies and guidelines. Having a clear communication strategy at the onset of an initiative allows for constant messages to be provided.
- Define clear goals and objectives to be targeted by the initiatives. This allows for evaluation be conducted on a regular basis throughout implementation to identify successes to celebrate and challenges to tackle.
- Piloting short implementation periods of an initiatives (known as ‘safe-to-fail’ experiments) allows for initiatives to be gradually introduced – implementing large changes to organisation or business can be overwhelming for staff which may lead to confusion or resistance. Evaluation of these implementation periods allows for barriers and enablers to be identified and statistics to be collected for future comparison and information dissemination.
- Consider strategies to engage leaders, within the organisation and community. Having high level management on board and invested with initiatives enables to swift adoption of policies and guidelines. Community leaders or champions play a key role as advocates.
- Work closely with stakeholders at all levels to develop trusting relationships and rapport. Again, communication is key and the ‘on-the-ground’ input from stakeholders including food retailers and community members is extremely valuable to adapting initiatives to the individual organisation’s needs and abilities.
- Ensure stakeholders are equipped with sufficient knowledge and skills to action and maintain change. Support may be required, for example by nutrition professionals from the community health service to help build understanding and capacity.
- Community involvement creates a sense of ownership over initiatives, enabling sustainability in the long term.

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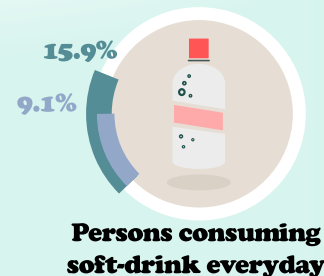
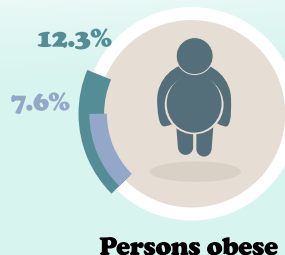
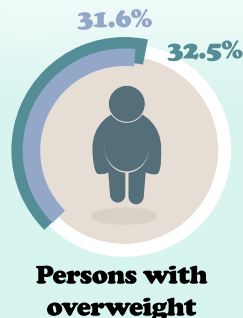
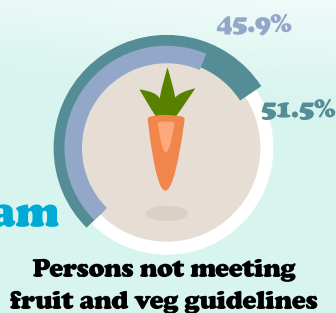
Infographic

An infographic was produced for each council to be used in conjunction with the evidence brief. It highlights the main information presented in the brief in an eye-catching format to engage and maintain interest. The infographic for Manningham has been attached below – each of the individual infographics has been customised to include the local government area statistics for each council.

A Case for Change

Gathering The Evidence for Healthy Food and Drink Initiatives

Victoria
Manningham



Key learnings for action in population nutrition

Healthy Food and Drink Policies and Guidelines

Highlight Health

The scope of healthy catering policies aims to improve health not to restrict choice. Explanation **minimises confusion**.



Across the board
Implementation across an organisation's catering & on-site food retailers ensures **consistency** in health messages.

Networking

Support from nutrition professionals enables **clarity** and **understanding** of nutrition-based guidelines.



Be heard
Clear, effective **communication** of policy to food vendors, caterers and organisation staff is key to ensuring healthy food and drink changes are put into place.

Vending Machines and Drinking Fountains

Follow through

More healthy options and less unhealthy items in vending machines helps customers to make healthier choices. However, maintaining **consistent supply** and variety of healthy options can be challenging.



Accessibility

Prominent **water fountains** at sporting events encourages and enables the consumption of water over sugar sweetened beverages.

Lessons Learnt from Healthy Together Communities

Leadership at every level

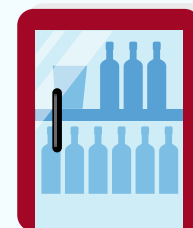
... and continuous involvement with stakeholders are key factors in implementation and **sustainability** of a program.



Community involvement creates **ownership** over initiatives and enables their sustainability.

Sugar Sweetened Beverages

Out of sight, out of mind **rearranging** drinks fridges to make healthy beverages the most prominent choices reduces the purchase of unhealthy beverages.



The bottom-line
Profits **remain stable** as unhealthy purchases are replaced with healthier options.

CARDINIA

74% of patrons thought Healthy Bites stickers had made them think 'a little' or 'a lot' more about their food choices.



96%

of Healthy Bites customers would buy again

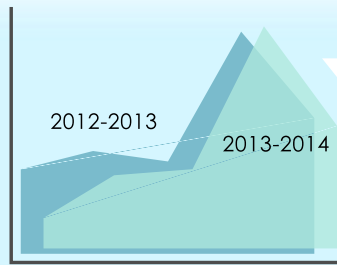
80%

of patrons want more participating venues



58% of patrons desire a larger range of Healthy Bites options.

spend per attendee



Sales normalised after removing red items



69% less saturated fat

40% less energy per attendee

LARA POOL KIOSK

86%

of respondents were happy with the healthy changes made to the kiosk menu



86%

of respondents purchased either more, or the same amount of food at the kiosk




24%

of respondents visited the pool more frequently than the previous season.



Shaping our environment with food and drink policies

3 year partnership

10 x  to supply **free**, chilled drinking water from 10 water fountains during sporting and entertainment events

ETIHAD STADIUM

To encourage water fountain usage and healthier options, food and beverages are now allowed into games, including water bottles.



KNOX

evaluation of Eat Smart Knox showed:



- no negative impact on profitability
- minimal negative consumer feedback
- positive feedback by proprietors

Knox council's Healthy Catering policy & guidelines shows leadership through example by becoming a health promoting workplace



THE ALFRED HOSPITAL

initial 2 week trial

6 months later

2016 onwards

Sales of red drinks fell significantly

Healthier beverages sales rose

Profits stayed the same



A 20% price increase on red items led to a reduction of 11% in sales, but **without** impacting profits.

The Alfred draws closer to achieving 20% red items in its cafeteria

Only 2 out of 200 customers noticed changes to display or red drinks



50%
50%

