

Healthy Eating

Strategy 2019–2023

Our 10-year goal

All Victorians should have the opportunity to eat a healthy, balanced diet. Yet the ability to do so is often undermined by environmental factors. The availability and ease of access to unhealthy foods, the relatively high cost of healthy foods such as fruit and vegetables, time pressures that make convenience foods appealing, and advertising and social norms are all forces that shape our diet.

Responding to the challenge of preventing diet-related conditions, including obesity, VicHealth set a 10-year goal that 200,000 more Victorians would adopt a healthier diet by 2023.

Our progress so far

Over the past six years, we have promoted water as the drink of choice instead of sugar-sweetened beverages, convened [Victoria's Citizens' Jury on Obesity](#) to ask Victorians for their solutions to obesity and convened a roundtable on obesity prevention that developed recommendations for Victoria.

We have also explored ways for sporting bodies and facilities to promote healthier food and drink options. This includes reviewing the evidence and sharing with the sports sector case studies from sporting organisations that do not accept junk food sponsorship, to better understand the challenges (both real and perceived) and the benefits of this approach.

We continue to work with our partners to support policy and legislative changes to improve the food supply chain and the way the food industry markets and sells its products. This includes ongoing work with the Salt Reduction Partnership to identify changes at the national level to reduce the amount of salt hidden in processed foods.


2019–2023

Over the next four years, we will keep working to improve access to healthy foods and drinks in Victoria, with a focus on:

- sports settings
- fruit and vegetable consumption
- food cultures.

Working with our partners and the community, we will focus our efforts on benefiting those most at risk of diet-related poor health. We will continue to monitor shifts in food attitudes, practices and dietary intakes across population groups to measure our progress.





In 2013, VicHealth released its [Action Agenda for Health Promotion](#), which set our strategic direction for the 10 years to 2023. Promoting healthy eating is one of five strategic imperatives identified for action to improve the health of all Victorians, with a 10-year goal that 200,000 more Victorians will adopt a healthier diet by 2023.

In the first six years, we:

- supported partners to trial new approaches to [improve the availability](#) of water and healthy food options
- supported partners to improve access to free drinking water in [public spaces](#), sport and recreation facilities and [major sporting stadiums](#)
- worked in partnership to develop a consensus statement on obesity prevention for Victoria
- delivered the [H30 Challenge](#) campaign to encourage Victorians to increase their water intake
- supported eight local governments to implement the [Water in Sports](#) initiative
- established the [Salt Reduction Partnership Group](#) to advance action on salt reduction in Victoria
- supported evidence-based policy and regulatory initiatives to improve healthy eating environments and encourage public debate on topics including food marketing and promotion to children
- convened [Victoria's Citizens' Jury on Obesity](#) to seek community solutions to the obesity issue
- developed and evaluated [new approaches](#) to improving local fruit and vegetable supply, access and culture, such as [3000 Acres](#) and the [Open Food Network](#).

More information about our work on healthy eating from 2013 to 2019 can be found on our [website](#).



What we aim to achieve

VicHealth's Action Agenda 2019–2023 reaffirms the 10-year goal of 200,000 more Victorians adopting a healthier diet. Over the next four years, we will aim to further improve access to healthy food and drinks, with a focus on:

- **sports settings**
- **fruit and vegetable consumption**
- **creating healthier food cultures.**

We will continue to promote changes across the food system that make healthier eating easier for Victorians. We will continue our focus on displacing sugar-sweetened beverages through improved access to free drinking water, and apply the learnings from our Salt Reduction Partnership.

For many Victorians, there are additional challenges to achieving a healthy, balanced diet. There is a strong relationship between socioeconomic status and diet. Aboriginal and Torres Strait Islander peoples, those living in regional Victoria, and those with the lowest education and income levels are least likely to meet fruit and vegetable guidelines and most likely to experience food insecurity and obesity (DHHS 2017 & 2018a).

We are committed to reducing diet-related inequity. In each of our healthy eating focus areas, we will work with partners and alongside those communities most at risk to:

- advocate for the social and economic conditions needed for healthy eating
- help co-develop messages and projects most relevant and meaningful to those groups
- measure the impact of our work across different populations (differential impact).

FOCUS AREA

Sports settings

Building on our current Water in Sports initiative and our unique relationship with the sports sector across Victoria, we will focus on creating healthier food and drink environments in sport settings.

What will success look like?

More sporting venues with healthier food and drinks in their retail outlets.

Stronger community support for healthier sponsorship in sports.

Sporting organisations are ideally placed to lead by example in promoting healthier lifestyles and supporting the connection between sport and healthy food and drink options for players, volunteers, spectators and patrons.

We will:

- continue to embed the Victorian Government's Healthy Choices policy guidelines for sport and recreation with local government and sporting venues to increase the proportion of healthier food and drinks (and reduce the supply and promotion of unhealthy food and drinks) sold at their retail outlets
- improve access to free drinking water
- work with the public and key stakeholders to harness community support for the removal of junk food marketing and sponsorship from children's sports
- continue to build the evidence base to support the sports sector in providing a healthier food and drink environment
- leverage our existing partnerships, such as sporting associations, the Obesity Policy Coalition and Parents Voice, to nudge system-wide change that helps to reduce marketing and advertising of unhealthy food and drinks.

FOCUS AREA

Fruit and vegetable consumption

Over the next four years, we will strengthen our commitment to improving Victorians' fruit and vegetable intake.

What will success look like?

An increase in fruit and vegetable intake across all population groups, particularly for those whose intake is lowest.

Currently, only 5 per cent of adults consume the recommended serves for vegetables, while 41 per cent meet the recommended number of serves for fruit each day (DHHS 2018a). At a population level, even modest gains in fruit and vegetable intake (for instance, just one serve per day) have been shown to have substantial health benefits, particularly for those with the lowest intake (Wang et al. 2014).

System-wide approaches are needed to bring long-term improvement in fruit and vegetable intake and ensure existing inequities do not widen. Our earlier food security focus and salt-reduction work revealed that strong partnerships across the food system are key to addressing the barriers to fruit and vegetable consumption.

To support an increase in fruit and vegetable consumption, we will:

- review evidence of effective local, national and international approaches to increasing fruit and vegetable intake, particularly for populations with the lowest intake
- continue to support the Victorian Fruit and Vegetable Consortium and build an evidence-informed consensus on the policy and practice changes required to increase fruit and vegetable consumption, particularly for those whose intake is lowest
- extend our current research to explore the role of the food system in improving accessibility to, and availability of, fruit and vegetables
- work with partners and communities to build on effective local approaches to improving fruit and vegetable intake, particularly for those whose intake is lowest.

FOCUS AREA

Food cultures

Our food culture has changed significantly in recent years. Victorians' diets now transcend seasonality, meals and snacks are commonly consumed outside the home, and people are increasingly disconnected from food preparation and cooking.

What will success look like?

A shift in attitudes and norms towards healthier food cultures.

Food manufacturers and retailers expose Victorians to an array of food products, many of which are ultra-processed and heavily marketed.

Building on our experience of developing an [Alcohol Cultures Framework](#), we will seek to better define and understand how food culture influences eating habits.

Over the next four years, we will:

- review the evidence on food cultures and effective ways to shift expectations, beliefs and social norms towards healthier eating
- work with partners and communities to co-develop healthy eating messages that reflect a contemporary understanding of food, and resonate strongly with decision-makers and people most at risk of diet-related poor health
- use this evidence to influence food cultures in Victoria, along with the healthy eating policies and practices of organisations and government.

Supporting Evidence

Eating a healthy diet provides benefits at all life stages, and is needed for growth and development in infants, children and young people. It helps adults to be more productive and is essential to healthy ageing (DHHS 2016; NHMRC 2013). A healthy diet contributes significantly to healthy weight, quality of life and wellbeing, and can protect against chronic disease and premature death.

Unhealthy diets (including inadequate fruit and vegetables, a high-salt diet and other dietary factors) account for a significant burden of chronic disease, and this impact is growing (AIHW 2019; VicHealth 2019).

Victorians on lower incomes, those with lower education levels, Aboriginal and Torres Strait Islander peoples and those living in regional communities are disproportionately affected by diet-related diseases (DHHS 2018a; Livingstone et al. 2017).

As outlined earlier, very few Victorian children or adults meet the Australian Dietary Guidelines recommendations for fruit and vegetable consumption. Victorians consume almost twice the recommended amount of salt each day and almost one in 20 deaths in Victoria has been attributed to high salt intake (VicHealth 2015).

Over the past two decades, Victorian adult obesity rates have increased by 40 per cent, and today two-thirds of adults are overweight or obese (ABS 2015; DHHS 2015). Among children, 22.6 per cent are overweight or obese (ABS 2019).

Excessive sales of unhealthy food and drinks are fuelling the growing burden of obesity and the associated yet avoidable chronic diseases and premature deaths (Ng et al. 2014; WHO 2016). Victorian children obtain 40 per cent of their total energy intake from discretionary foods (foods and drinks not considered part of a healthy diet, including sugary drinks, highly processed snack foods, sweet biscuits and confectionery) (DHHS 2015 & 2018b; NHMRC 2013).

Food insecurity is strongly associated with obesity across Victoria, and is a reality for many Victorians (DHHS 2017). Food insecurity can be associated with hunger, such as when someone has no food and cannot afford to buy more, or can occur without hunger, when a person relies on low-cost food of poor nutritional content, or skips meals to avoid running out of food.

Those Victorians most likely to be food insecure are Aboriginal and Torres Strait Islander peoples, unemployed people and those with very low total annual household income. Aboriginal and Torres Strait Islander peoples are almost five times more likely to experience food insecurity with hunger (19 per cent) than non-Aboriginal Victorians (4 per cent) (DHHS 2017). Culturally and linguistically diverse people, new arrivals and socially isolated people are also more susceptible to food insecurity (Rosier 2011; Southcombe 2008).

In Victoria, adults who are food insecure (with or without hunger) are more likely to drink sugar-sweetened soft drinks every day, eat food from fast food outlets two or more times a week, and eat less fruit and vegetables compared with adults who are not food insecure (DHHS 2017). The cost of healthy foods is cited as a significant barrier for about 20 per cent of Victorian adults. Furthermore, one in eight parents report relying on unhealthy, low-cost food for their children as a strategy to avoid running out of money to buy food (DHHS 2017).

Individual factors such as income, education, cooking ability and ethnicity influence food selection and preparation, and play an important role in shaping a person's dietary habits. However, there are also broader economic, societal and environmental factors that determine the foods available to consumers and the prices at which they are sold (Egger & Swinburn 1997; Friel et al. 2017; Gussow 2006; Hawkes & Ruel 2006; Lang 2003; Tagtow et al. 2011).

In the absence of larger systemic changes that affect the underlying forces governing individual behaviour, education-based strategies focusing on the individual are unlikely to bring about long-term dietary change (Tagtow et al. 2011; Walls et al. 2009). Such social marketing and lifestyle programs may not only be ineffective, they might even exacerbate dietary inequalities (Capewell & Graham 2010; Lorenc et al. 2013).

We will continue to focus on all the key determinants influencing dietary behaviour, including:

- accessibility to healthy food: ensuring healthy options are easy to access and affordable
- a secure supply of healthy food: promoting a healthy secure food system that optimises the nutritional value of foods
- a culture that supports healthy eating: shifting societal attitudes, perceptions, skills and structures towards healthier foods.

References

- ABS (Australian Bureau of Statistics) 2015, 4364.0.55.001 – *National Health Survey: First results, 2014–15*, Australian Bureau of Statistics, Canberra, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument>>.
- ABS (Australian Bureau of Statistics) 2019, 4364.0.55.001 – *National Health Survey: First results, 2017–18: Victoria*, Australian Bureau of Statistics, Canberra, <<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001-2017-18-Main%20Features-Victoria-10003>>.
- AIHW (Australian Institute of Health and Welfare) 2019, *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015*, Australian Institute of Health and Welfare, Canberra.
- Capewell, S & Graham, H 2010, 'Will cardiovascular disease prevention widen health inequalities?', *PLoS Med*, vol. 7, no. 8, p. e1000320.
- DHHS (Department of Health and Human Services) 2015, *Victorian public health and wellbeing plan 2015–2019*, State of Victoria, Melbourne.
- DHHS (Department of Health and Human Services) 2016, *Victoria's health: The Chief Health Officer's report 2014*, Victorian Government, Melbourne.
- DHHS (Department of Health and Human Services) 2017, *Challenges to healthy eating – Food insecurity in Victoria – Findings from the 2014 Victorian Population Health Survey*, State of Victoria, Melbourne.
- DHHS (Department of Health and Human Services) 2018a, *Victorian Population Health Survey 2016: Selected survey findings*, State of Victoria, Melbourne, pp. 50–9.
- DHHS (Department of Health and Human Services) 2018b, *Victorian public health and wellbeing plan 2015–2019: Action Plan update. An overview of the major initiatives across the Victorian Government and key government agencies*, State of Victoria, Melbourne.
- Egger, G & Swinburn, B 1997, 'An “ecological” approach to the obesity pandemic', *British Medical Journal*, vol. 315, no. 23, pp. 477–80.
- Friel, S, Pescud, M, Malbon, E, Lee, A, Carter, R, Greenfield, G, Cobcroft, M, Potter, J, Rychetnik, L & Meertens, B 2017, 'Using systems science to understand the determinants of inequities in healthy eating', *PLoS One*, vol. 12, no. 11, p. e0188872, doi: 10.1371/journal.pone.0188872.
- Gussow, J 2006, 'Reflections on nutritional health and the environment: The journey to sustainability', *Journal of Hunger & Environmental Nutrition*, vol. 1, no. 1, pp. 3–25.
- Hawkes, C & Ruel, M 2006, *Understanding the links between agriculture and health*, International Food Policy Research Institute, Washington DC.
- Lang, T 2003, 'Food industrialisation and food power: Implications for food governance', *Development Policy Review*, vol. 21, nos. 5–6, pp. 555–68.

Livingstone, KM, Olstad, DL, Leech, RM, Ball, K, Meertens, B, Potter, J, Cleanthous, X, Reynolds, R & McNaughton, SA 2017, 'Socioeconomic inequities in diet quality and nutrient intakes among Australian adults: Findings from a nationally representative cross-sectional study', *Nutrients*, vol. 9, no. 10, p. e1092.

Lorenc, T, Petticrew, M, Welch, V & Tugwell, P 2013, 'What types of interventions generate inequalities? Evidence from systematic reviews', *Journal of Epidemiology and Community Health*, vol. 67, no. 2, pp. 190–3.

NHMRC (National Health and Medical Research Council) 2013, *Australian dietary guidelines*, National Health and Medical Research Council, Canberra.

Ng, M, Fleming, T, Robinson, M, Thomson, B & Graetz, N 2014, 'Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: A systematic analysis for the Global Burden of Disease Study 2013', *Lancet*, vol. 384, no. 9945, pp. 766–81.

Rosier, K 2011, *Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?*, CFA Practice Sheet, Australian Institute of Family Studies, viewed April 2019, <<https://aifs.gov.au/cfca/publications/food-insecurity-australia-what-it-who-experiences-it-and-how-can-child>>.

Southcombe, F 2008, *Feeding the family in an unfamiliar environment: Food insecurity among recently resettled refugees*, NSW Refugee Health Service & The Smith Family, <http://fwtdp.org.au/wp-content/uploads/2013/05/food_insecurity_newly_arrived.pdf>.

Tagtow, A, Clancy, K, Gussow, J, Sanchez, EJ, Story, M & Wilkins, JL 2011, 'Food policy, systems, and environment: Strategies for making healthful food the easiest choice', *Childhood Obesity*, vol. 7, no. 2, pp. 83–9.

VicHealth 2015, *State of Salt: The case for salt reduction in Victoria. Supporting evidence document*, Victorian Health Promotion Foundation, Melbourne.

VicHealth 2019, *Burden and potential burden of risk factors in Victoria: Key findings from an AIHW analysis of the Australian Burden of Disease Study 2015*, Victorian Health Promotion Foundation, Melbourne.

Walls, H, Peeters, A & Loff, B 2009, 'Why education and choice won't solve the obesity problem', *American Journal of Public Health*, vol. 99, no. 4, pp. 590–2.

Wang, X, Ouyang, Y, Liu, J, Zhu, M, Zhao, G, Bao, W & Hu, FB 2014, 'Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: Systematic review and dose-response meta-analysis of prospective cohort studies', *British Medical Journal*, vol. 349, p. g4490, doi: 10.1136/bmj.g4490.

WHO (World Health Organization Commission on Ending Childhood Obesity) 2016, *Report of the Commission on Ending Childhood Obesity*, World Health Organization, Geneva.



Victorian Health Promotion Foundation
PO Box 154 Carlton South
Victoria 3053 Australia
T +61 3 9667 1333 F +61 3 9667 1375

vichealth@vichealth.vic.gov.au
vichealth.vic.gov.au
twitter.com/vichealth
facebook.com/vichealth

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